

HARM REDUCTION QUICKGUIDE

A QUICKGUIDE TO REDUCING POTENTIAL HARMS
ASSOCIATED WITH SUBSTANCE USE
AND UNPROTECTED SEX

Association for Behavioral Healthcare, Inc.
Structured Outpatient Addiction Program (SOAP) Committee
251 West Central Street, Suite 21
Natick, MA 01760
www.abhmass.org
(508) 647-8385

February 20, 2018

TABLE OF CONTENTS

TOPICS

	PAGE
What is Harm Reduction	3
Why Practice Harm Reduction?	3
Principles for Implementing Harm Reduction Strategies	5
Key Messages to Promote	5
Risks of Not Practicing Harm Reduction	6
Harm Reduction Strategies for Individuals	6
Opioid Overdose Risk Factors	7
Harm Reduction Products and Information to Distribute to Individuals	7
Integrating Trauma Informed Care in Harm Reduction	9
How to Talk to Patients about Sensitive Topics	9
Adolescent Harm Reduction	11

RESOURCES and HANDOUTS

	14
Know the Signs of an Opioid Overdose	15
Be Smart, Be Careful, Be Aware, Be Safe	16
Needle Exchange/Syringe Services Programs	17
Proper Use and Disposal of Needles and Syringes	18
Massachusetts General Laws	
Sale/Possession of Hypodermic Syringes and Needles	18
Possession and Administration of Naloxone/NARCAN	18
Overdose Education and Naloxone/NARCAN Distribution Programs	19
Getting Naloxone/NARCAN from a Pharmacy	20
Other Resources for NARCAN	20
Hepatitis C Testing Programs	21
Hepatitis C and Injection Drug Use Fact Sheet	23
HIV/AIDS Testing Programs	24
Sexual Assault and Intimate Partner Violence	25

WHAT IS HARM REDUCTION?¹

Harm reduction refers to a range of services and policies that lessen the adverse consequences of substance and alcohol use and protect public health. Unlike approaches that insist that people stop using substances, harm reduction acknowledges that many people are not able or willing to abstain from substance use, and that abstinence should not be a precondition for help.



Harm reduction activities² aim to keep people safe and reduce deaths, disease and injuries that result from risk behaviors such as injection drug use and engaging in unprotected sex.

Harm reduction strategies reduce the risk for and spread of viral diseases, such as sexually transmitted diseases (STDs), hepatitis A, B and C, and HIV.

Harm reduction practices create opportunities for people with substance use disorders to live healthier, safer lives.

Harm reduction research shows that harm reduction activities do not encourage substance use.

Harm reduction activities are shown to be cost-effective and prevent costly outcomes, such as the need to provide treatment to individuals who contract viral hepatitis and HIV.

WHY PRACTICE HARM REDUCTION?

Harm reduction seeks to minimize the risks and negative consequences associated with alcohol and illicit substance use or other high-risk activities through various public health measures, intervention programs, or individual counseling.³

Harm reduction activities ultimately:⁴

- Protect public health by reducing the incidence of transmission of HIV, hepatitis A, B and C and other blood-borne pathogens.
- Reduces the number of overdose deaths.

¹ What is Harm Reduction, Open Society Foundations, <https://www.opensocietyfoundations.org/explainers/what-harm-reduction>

² Harm Reduction Training Manual: A Manual for Frontline Staff Involved with Harm Reduction Strategies and Services, January 2011, British Columbia Harm Reduction Strategies and Services <http://www.catie.ca/en/resources/harm-reduction-training-manual-manual-frontline-staff-involved-harm-reduction-strategies-a>

³ Harm Reduction: How Do We Measure Success? University of Toronto, Faculty of Medicine, May 28, 2014, Canadian Public Health Association Conference <https://view.officeapps.live.com/op/view.aspx?src=http%3A%2F%2Fresources.cpha.ca%2FCPHA%2FConf%2FData%2F2014%2Fa14-136e.pptx>

⁴ Harm Reduction Training Manual; A Manual for Frontline Staff Involved with Harm Reduction Strategies and Services, January 2011, British Columbia Harm Reduction Strategies and Services <http://www.catie.ca/en/resources/harm-reduction-training-manual-manual-frontline-staff-involved-harm-reduction-strategies-a>

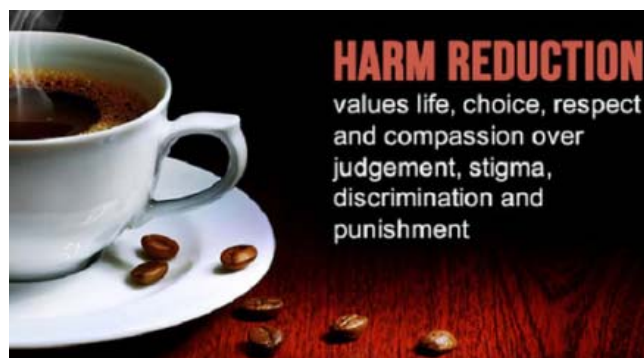
- Reduces the negative consequences of substance use such as substance-related criminal activity, commercial/sexually exploited individuals, and the number of discarded used/contaminated needles in our communities.
- Produces cost savings by reducing the use of emergency services, police/court services and social services.
- Provides the community with a comprehensive and collaborative approach to addressing substance use that includes harm reduction, prevention, treatment, recovery support and enforcement.
- Reduces the strain on state and local social services, health services and income and employment services.

Thus, the basic harm reduction message is that all substance use is potentially harmful, but that the harms can, to some extent, be constrained.⁵

Harm reduction programs operate with the assumption that some people who engage in substance and sexual risk behaviors do not have abstinence as their immediate goal. Using a "low-threshold approach," they do not require that individuals abstain from substance use to gain access to services, nor expect adherence to one service to be eligible for another.

Rather than having abstinence goals set for them, individuals in such programs set their own goals, a client driven approach that has been shown to correlate consistently with retention and success. Providers help individuals make connections among their complex attitudes, behaviors, and the change they are trying to pursue through an interactive process, not a dogmatic format.

Behavior change is regarded as incremental and based on the premise that people are more likely to initiate and maintain behavior changes if they have the power both to shape behavioral goals and enact them.



⁵ A review of the evidence-base for harm reduction approaches to drug use, Forward Thinking on Drugs, Neal Hunt <http://www.neilhunt.org/pdf/2003-evidence-base-for-hr-hunt-et-al.pdf>

PRINCIPLES OF IMPLEMENTING HARM REDUCTION STRATEGIES⁶

- Attempts to engage and support individuals regardless of where they are and whether or not they are actively seeking abstinence and recovery.
- Acknowledges and treats individuals as the experts on their lives and makes them the leader in the process of practicing harm reduction activities.
- Acknowledges the positive effects of the reduction of substance use.
- Acknowledges that change is not linear. It occurs along a continuum that can vary in frequency and duration based on unique, individual experiences.
- Defines success as any movement towards the behavior change desired.
- Offers a menu of practical options.
- Is non-judgmental.
- Addresses individuals' and their risks holistically.
- Support all pathways to recovery.

When harm reduction activities are available, people who use substances feel less marginalized and stigmatized as these services draw them into connecting to the larger community, provide opportunities for them to live healthier, safer lives, and connects them to other social services.

KEY MESSAGES TO PROMOTE⁷

- Emphasize harm reduction in all interactions.
- Focus on messaging that tells guests you value building trusting relationships with them and they don't need to stop using in order to get help.
- Engage guests in conversations that avoid confrontational or judgmental language.
- In informal conversations with individuals, you could discuss overdose risk and encourage people to avoid using alone. Individuals recently exiting jails or substance treatment programs could be reminded about overdose risk and low tolerance.
- Avoid punishment for over-sedated individuals: instead, monitor the situation and ensure the person does not begin to overdose.
- Focus on safety and reducing risk of overdose. Emphasize that you talk to everyone about it.
- Acknowledge how hard it can be for someone to experience/witness an overdose. Share with individuals that they can be responders; they can save lives.

⁶ *Responding to the Needs of Our Clients and Communities: Harm Reduction; Praxis/Center for Social Innovation, Training for Massachusetts Addiction Professionals* http://center4si.com/resources/Harm_Reduction_Slides.pdf

⁷ *Opioid Overdose Preparedness & Response in Congregate Housing and Shelters, Boston Health Care for the Homeless, Boston Public Health Commission,* <https://www.bhchp.org/sites/default/files/OD%20Preparedness%20and%20Response%20Guidelines%20Feb%202018%20STAFF.pdf>

RISKS OF NOT PRACTICING HARM REDUCTION

Risk to the Individual

- Job loss
- Loss of relationships
- Loss of children
- Loss of self-worth
- Unintended pregnancies
- Stigmatization
- Homelessness
- Incarceration

Risks to Individual's Physical Well Being

- Overdose
- Death
- Abscesses
- Infections
- Mental Health
- Physical Injuries
- Overall Physical Health
- Cognitive Brain Damage

Risk of Individual Getting/Spreading Viral Infections

- HIV/AIDs
- Hepatitis A, B and C
- Sexually Transmitted Infections

Which can be transmitted via

- Unprotected anal, vaginal or oral sex
- Blood
- Semen/vaginal fluids
- Pre-ejaculate
- Breast milk
- Rectal Fluids
- Sharing needles and using equipment that others have used
- Mother to child

HARM REDUCTION STRATEGIES FOR INDIVIDUALS⁸

The most important thing about harm reduction is that the strategy needs to be identified by the individual.

1. Always carry naloxone/Narcan with you.
2. Understand your sexual risks and strategies for reducing the risks, including condom use.
3. Practice safe sex, obtain sex education.
4. Know your drug dealer and the strength and toxicity of the substance to be used.
5. Test potency before you use.
6. Reduce overall substance consumption.
7. Avoid using substances alone.
8. Use a different vein every time to inject.
9. Always use new or sanitized equipment.
10. Use needle and syringe exchange programs.
11. Dispose of used needles in a sharps container.
12. Have naloxone/Narcan available. Learn CPR and other first aid strategies.
13. Consider Medication Assisted Treatment with methadone, buprenorphine/Suboxone and naltrexone/Vivitrol.
14. Get support for physical and mental health concerns.
15. Get support to obtain housing, basic necessities, address legal problems, employment and relationship issues.
16. Join a peer support group.

⁸ Working with People Who Use Drugs: A harm reduction approach, NPNU Initiative, Canadian Liver Foundation, 2007
<https://rinj.org/documents/HIV/24911.pdf>



OPIOID OVERDOSE RISK FACTORS

Several factors that can increase a person's risk of overdosing include:

- Using substances alone, when there is nobody available to help.
- Changes in quality or purity of street heroin and fentanyl.
- Mixing opioids with other substances such as alcohol or benzodiazepines, a.k.a. benzos. Benzos include Klonopin, Xanax, Ativan, Valium, Librium, and others.
- Having poor nutrition, a weak immune system, heart problems, or health issues such as unhealthy lungs from smoking, having HIV, Hepatitis C, or liver damage from drinking.
- Surviving a past overdose(s).
- Recent discharge from hospital.
- Recent period of low or no use. In a key Massachusetts study, the overdose death risk was up to 120 times higher after being released from prison/jail.⁹ Recent release from a treatment program or period of abstinence can also increase risk
- Other illness, like HIV, liver or lung disease, or those who suffer from depression
- People who are homeless (up to 30x higher risk in Massachusetts study).¹⁰ Note: People living in homeless shelters may use right before going to bed, since withdrawal symptoms at night can make sleep difficult.

HARM REDUCTION PRODUCTS and INFORMATION TO DISTRIBUTE TO INDIVIDUALS WITH SUBSTANCE USE DISORDERS

PRODUCTS

- Naloxone/Narcan
- Male and female condoms
- Safe sex education
- Clean needles and syringes
- Alcohol swabs
- Sterile water
- **The Resources and Handouts provided in this QuickGuide**

INFORMATION

Vein Care

- Encourage the intake of fluids

⁹ *Data Brief: An Assessment of Opioid-Related Overdoses in Massachusetts 2011-2015.* Massachusetts Department of Public Health, August 2017. [DOC] [Data Brief - Mass.Gov](#)

¹⁰ *Data Brief: An Assessment of Opioid-Related Overdoses in Massachusetts 2011-2015.* Massachusetts Department of Public Health, August 2017. [DOC] [Data Brief - Mass.Gov](#)

- Apply a warm compress before injecting to help plump up the vein
- Always use a tie; pump up the vein by opening and closing fist
- Inject above the valve of the vein to prevent circulation problems, scar tissue and infection
- Rotate injection sites to reduce the risk of a collapsed vein
- Encourage using a warm safe place to reduce harm associated with injecting too quickly and not being careful
- Start with veins closest to the wrist and work your way up
- Inject in the direction of blood flow to the heart

Abscesses¹¹

The biggest problem with abscesses is that people ignore them. Don't make this mistake. The best way to avoid abscesses is to use clean injection procedures. In particular, clean syringes and always clean the area in which you are injecting with alcohol.

Abscesses are contiguous areas of the flesh which exhibit swelling, inflammation, heat, and pain. Abscesses can impair blood flow to neighboring areas which can cause a gangrenous condition which can result in the loss of a limb or even death. If an abscess is treated early on, it poses no real threat. Left untreated, abscesses can be deadly.

Abscess Treatment: Self-Care at Home

- If the abscess is small (less than a half-inch across), applying warm compresses to the area for about 30 minutes 4 times daily may help.
- **Do not attempt to drain** the abscess by squeezing or pressing on it. This can push the infected material into the deeper tissues.
- **Do not stick a needle or other sharp instrument into the abscess center**, because you may injure an underlying blood vessel or cause the infection to spread.

It is highly recommended that all abscesses be treated in a medical setting.

When to Seek Medical Care

Call your doctor if any of the following occur with an abscess:

- You have a sore larger than a half-inch across.
- The sore continues to enlarge or becomes more painful.
- The sore is on or near your rectal or groin area.
- You develop a fever.
- You notice red streaks, which can mean the infection is spreading.
- You have any of the medical conditions listed above.

Go to a hospital's Emergency Department if any of these conditions occur with an abscess:

- Fever of 102°F or higher, especially if you have a chronic disease or are on steroids, chemotherapy, or dialysis
- A red streak leading away from the sore or with tender lymph nodes (lumps) in an area anywhere between the abscess and your chest area (for example, an abscess on your leg can cause swollen lymph nodes in your groin area)
- Any facial abscess larger than a half-inch across

¹¹ <https://www.webmd.com/a-to-z-guides/abscess#2>

INTEGRATING TRAUMA INFORMED CARE INTO HARM REDUCTION¹²

Trauma is defined by an individual's subjective experience, and you should assume that everyone has experienced some trauma and significant hardship in their lives. All traumatic experiences are subjective and defined by the individual's experience. Trauma is not defined by the event, it is determined by the individual's *response* to it!

- Trauma puts people at risk
- Trauma impacts the ability to discern danger from safety
- People make risky choices in an effort to manage their trauma or cope with it
- Trauma impacts people's ability to form trusting relationships
- Shame and stigma about trauma/risky behaviors makes people hesitant to talk about them, less likely to engage with service providers, less likely to have social supports, and more likely to use substances alone

The primary objective to integration trauma informed care into harm reduction is to keep people engaged, as healing takes place in the context of healthy connections.

HOW TO TALK ABOUT SENSITIVE TOPICS

What are sensitive topics?

- Alcohol use, street/recreational drug use, and prescription drug misuse
- Intimate partner violence
- Sexual activities, practices, and concerns
- Physical and sexual abuse history
- Suicidal and homicidal ideation
- Other mental health issues/concerns

Tips for Staff¹³

1. Spend time examining your own attitudes, beliefs and history regarding risk taking. How does your experience of risk or lack of it impact how you think about substance use and sexual risk? How do your religious, cultural, familial beliefs impact you?
2. Understand how the individual perceives risk and what risks are most powerful for THEM, not you.
3. Learn how the individual has successfully reduced risk in the past and help identify their strengths in making change. Harm reduction is a strengths-based approach.
4. Create a non-judgmental environment. Look at how your office and/or organization treat people who are struggling with substance use. Are they banned from services? Under what circumstances? Look closely at what barriers prevent your services and services in the community from being accessible to those engaged in risk behaviors. Must people adhere to regular

¹² *Integrating Trauma-Informed Care and Harm Reduction Philosophies and Practices to Improve Participant Health Outcomes*, James Kowalsky, BA Engagement Services & Practice Enhancement Specialist, Heartland Health Outreach
<https://www.nhchc.org/wp-content/uploads/2016/06/integrating-trauma-informed-care-and-harm-reduction-philosophies-and-practices-to-improve-participant-health-outcomes-bernero.pdf>

¹³ Justice Resource Institute, John Gatto, Senior Vice President for Community Health, 75 Amory St., Garden Level, Jamaica Plain MA 02119, June 2018

appointments? Are people “kicked out” and potentially sent into the community when they are unsafe? Be clear about what circumstances would warrant you calling the police.

5. Get regular supervision that will allow you to express your attitudes, beliefs, concerns and frustrations.
6. In what ways do you implement the principles of trauma-informed care into your harm reduction work?

Three factors that affect quality of patient self-report¹⁴

1. Your own anxiety to talk about certain topics
 - What might be the cause of your own anxiety?
 - How could your anxiety affect the information obtained during a routine medical history?
2. The patient’s anxiety to talk about certain topics
 - Common worries, fears, and concerns: embarrassment
 - Being judged
 - Topics one rarely discusses
 - Confidentiality
 - Relevance to care
3. The “how” of asking questions
 - Wording
 - Order
 - Form

Caveat: Exercise caution when using this technique. Ask for specific FACTS and avoid asking for judgments or opinions.

Techniques that decrease anxiety by Normalizing, Transparency, and Permission

- **Normalizing:** Normalize by using universality statements to normalize the problem (if appropriate) and/or the anxiety
 - “Many people find it difficult to talk about their sexual concerns; activities; practices...”
 - “Many people with chronic illness notice they have problems with sexual function. Have you?”
- **Transparency: Transparency Establishes Relevance to Care**
Explain why you are asking—be open about your reasons. Explain the need in a medical setting to discuss “taboo” topics. “I need to ask you some very specific questions about your vaginal discharge in order to better understand your current problem.”
- **Permission:** “Would it be alright with you if I asked you some questions about your alcohol use?” You can tell patients they have the option of not answering a question if it makes them feel uncomfortable

¹⁴ *Talking to Patients About Sensitive Topics: Techniques for Increasing the Reliability of Patient Self-report.* University of North Dakota School of Medicine & Health Sciences, Rosanne McBride, Ph.D., <https://www.drugabuse.gov/sites/default/files/sensitive-topics-lecture.pdf>

Helpful to use all three together: “I ask all my patients about their sexual activity as part of gaining their medical history (**normalizing**) because it can have an important impact on their overall health (**transparency**). Would it be OK if I asked you some questions? (**permission**)”

Techniques that improve the quality of data reported by the patient

Asking for facts rather than judgments, and asking in specific rather than general terms, and asking close-ended questions; open-ended questions tend to increase anxiety and discomfort.

- “Are you currently sexually active? How many partners now? In past year? In life?”
- “How many drinks of alcohol do you have in an average week?”

Offer Response Choices

- “How much of the time would you say you use condoms? Never, Sometimes, Always, or Almost Always”
- “How much of the time do you feel afraid of your current partner? Never, Sometimes, Always, or Almost Always”

Careful Word Choice

- Use formal anatomical terms and formal terms for activities and conditions, not slang
- Avoid potentially pejorative words, e.g., illicit substances, street/recreational substances

Assume a Behavior Is Occurring - Gentle Assumption

- “How often do you drink in a week?”
- “What do you eat in a typical day?”
- “Who do you have in your support system?”
- “How often do you think about suicide?”
- “How often do you reuse needles? How do you clean them in between uses?”¹⁵
- “How often do you share needles or use needles you find on the ground?”

ADOLESCENT HARM REDUCTION

Harm reduction is consistent with what we know about adolescent development and decision-making. Adolescence is often a time of experimentation and risk-taking, and tendencies to reject authority. At times, young people engage in behaviors that have potentially negative outcomes, and harm reduction is an opportunity to develop a relationship that supports healthy discussion as a bridge to supporting healthy choices and behaviors.

Delaying the age of first use is a critical goal in reducing the harms caused by alcohol and other drug use. For example, research demonstrates that the first use of alcohol at ages 11-14 greatly heightens the risk of developing an alcohol use disorder, so therefore a reasonable strategy is to delay the age of first use as a means of averting problems later in life.¹⁶

¹⁵ Jessie M. Gaeta, MD, Chief Medical Officer, Boston Health Care for the Homeless Program, 780 Albany Street, Boston, MA 02118, June, 2018

¹⁶ *Age at first alcohol use: a risk factor for the development of alcohol disorders*, DeWit DJ¹, Adlaf EM, Offord DR, Ogborne AC, *Am J Psychiatry*. 2000 May;157(5):745-50. <https://www.ncbi.nlm.nih.gov/pubmed/10784467/>

The use of harm reduction with adolescents is not an endorsement for alcohol and other substance use, but a methodology to help adolescents make educated decisions.

- **Marijuana** is particularly risky for young people because it can interfere with brain development and has been shown to cause long-term deficits. Multiple studies show altered brain structure and function in youth who regularly use cannabis. Specifically, *persistent cannabis use disorder* is linked to a drop in Intelligence Quotient (IQ) between childhood and midlife.¹⁷

A study of 1,037 individuals that were followed from birth to age 38 showed that early and persistent marijuana use adversely influences learning and effects memory, which appears to worsen with earlier age of onset and more chronic use. For adolescents, the study showed an increased risk of addiction when compared to adults, and worse educational outcomes, career achievement, and life satisfaction. It also links marijuana use to suicidal ideation or behavior. In addition, this study found that the earlier the onset of marijuana use, the more severe the course of psychotic illness in vulnerable individuals.

- **Alcohol** is a central nervous system depressant that disinhibits an individual, which may promote aggressive behavior and fighting, or which may incapacitate an individual and leave them vulnerable to unwanted sexual advances or experiences. Research shows that the younger children and adolescents are when they start to drink, the more likely they will be to engage in behaviors that harm themselves and others. For example, frequent binge drinkers are more likely to engage in risky behaviors, including using other substances such as marijuana and cocaine, having sex with six or more partners, and earning poor grades in school.¹⁸
- **Illicit substance use** - which includes the use of illegal substances and/or the misuse of prescription medications or other legal or household substances - is something adolescents may engage in occasionally, and a few do regularly. By the 12th grade, about half of adolescents have misused an illicit substance at least once. The most commonly used substance is marijuana, but adolescents can find many harmful substances, such as prescription medications, glues, and aerosols, in the home.

Most young people are not concerned with the long-term impacts of substance use so harm reduction clinicians must identify more immediate negative consequences of use that are meaningful to the young person, such as school suspension, legal consequences, inability to participate in meaningful activities, etc.

When possible, harm reduction strategies for adolescents should strive to decrease the age of first use and the age of onset of sexual activity. The provision of education about the potential risks and ways of reducing such risks may impact these behaviors.¹⁹

¹⁷ Meier MH et al., *Proceedings of the National Academy of Sciences of the USA* (PNAS) Early Edition 2012

<http://www.pnas.org/content/109/40/E2657.abstract>

¹⁸ *Why Do Adolescents Drink, What Are the Risks, and How Can Underage Drinking Be Prevented?* National Association on Alcohol Abuse and Alcoholism, <https://pubs.niaaa.nih.gov/publications/AA67/AA67.htm>

¹⁹ *Paediatric Child Health*, v.13(1); 2008 Jan, PMC2528824, US National Library of Medicine, National Institutes of Health, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2528824/>

RESOURCES and HANDOUTS

Additional resources available at

<http://harmreduction.org/our-resources/>

Know the Signs of an Opioid Overdose

Sedated/High

signs may include

- Contracted pupils
- Relaxed & droopy muscles
- "Nodding out," but still responsive to stimulus such as noise, shaking, or a sternal rub
- Slow, slurred speech
- Scratching
- Normal skin tone

Keep monitoring...

- **Someone may be high but not yet overdosing**
- **At this point, you do not need to use naloxone**
- Try to get their attention by calling their name, gently shaking them or rubbing on their sternum
- Keep watching them closely
- Prop them upright to ensure their airway remains open
- Ask the person (if they can answer you) what they took, how much they took, and how long ago they took it. This can help to understand whether or not the person will get progressively worse

Overdose

signs may include

- Limp body
- No response to noise/touch
- Face is pale or clammy
- Blue lips, fingertips
- Skin color may appear blue/purple, or grayish
- Slowed breathing or no breathing
- Choking, snoring, or rasping sounds
- Loss of consciousness
- Pinpoint pupils
- Vomiting

²⁰ Opioid Overdose Preparedness & Response in Congregate Housing and Shelters, Boston Health Care for the Homeless, Boston Public Health Commission, <https://www.bhchp.org/sites/default/files/OD%20Preparedness%20and%20Response%20Guidelines%20Feb%202018%20STAFF.pdf>

INJECTION DRUG USE:
BE SMART, BE CAREFUL, BE AWARE, BE SAFE²¹

Be Smart

Use a Sharps Container. A sharps container is a single-use container that is filled with used medical needles and then disposed of safely. These can be purchased at pharmacies, medical supply stores or ordered through the mail. If you do not have access to a sharps container, place sharps in a puncture resistant container such as a rigid plastic bottle or coffee can with a secure cap. These items must be disposed of at a drop off site or through a medical mail back service.

DO Visit a medical supply store to purchase sharps.

DO Check out these sharps mail back services. They provide a variety of container sizes and prepaid mailing cartons:

Medasend: 800-200-3581

Stericycle: 800-355-8773

DO NOT Put sharps in the household trash. Take filled sharps container to a sharps disposal (drop-off) site in your community. Information on safe disposal and a list of disposal sites is located at www.mass.gov/dph/aids/needles-syringes.

Be Careful

Protect yourself, your community, your environment, and family and friends. The proper disposal of needles and syringes is important!

DO Put used syringes in sharps container immediately.

DO NOT Throw sharps in the garbage or recycling bins.

DO Keep needles away from children and pets.

DO NOT Flush sharps down the toilet or drop into storm drains.

DO Bring a sharps container when traveling.

DO NOT Clip, bend or recap needles.

Be Aware

Needles, syringes and sharps containers may not be thrown in the garbage or in recycling bins. Many communities have a disposal site.

Be Safe

Reduce your risk of blood-borne diseases like hepatitis and HIV/AIDS.

DO Use a new needle every time you inject.

DO NOT Inject in the same spot over and over again.

DO Clean the injection site with soapy water, alcohol

DO NOT Share needles, syringes, cookers, cotton swabs or rubbing alcohol.

DO Find out your HIV/viral hepatitis status. Get tested. If you are not infected you can stay that way. If you are, find out how to take care of yourself and avoid passing HIV/viral hepatitis to others.

DO Clean your sharps with bleach IF you must reuse them. **(NOTE:** Bleach does not always kill the hepatitis virus)

²¹ *Proper Use and Disposal of Needles and Syringes: Be Smart, Be Careful, Be Aware, Be Safe*, Massachusetts Department of Public Health, March 2017. Go to <https://www.mass.gov/files/documents/2019/02/05/proper-use-and-disposal-of-needles-and-syringes-january-2019.pdf>

**NEEDLE EXCHANGE /
SYRINGE SERVICES PROGRAMS IN MASSACHUSETTS²²**

In addition to the exchange of new syringes for used ones, needle exchange programs offer referrals to substance use treatment, HIV, HCV, and STD testing, and other harm reduction services.

AIDS Action Committee
Cambridge: 617-599-0246

AIDS Support Group of Cape Cod
Provincetown: 508-487-8311

AIDS Project Worcester
Worcester: 508-755-3773

Berkshire Medical Center – Healthy Steps
Pittsfield: 413-447-2654

Boston Public Health Commission (AHOPE)
Boston: 617-534-3976 (drop-in center)

Brockton Area Multi Services
Brockton: 508-583-3405

Greater Lawrence Family Health Center
Lawrence: 978-685-7663

Health Innovations - Healthy Streets
Lynn: 781-592-0243

Lynn Community Health Center
Lynn(Confidential #): 781-715-6237
Lynn (General #): 781-581-3900

North Shore Health Project
Gloucester: 978-283-0101

Seven Hills Behavioral Health
508-996-0546, 508-235-1012, or
508-523-6262 for the following sites:
Dartmouth, Fairhaven, Fall River,
New Bedford, Taunton, Wareham

Stanley Street Treatment and Resources (SSTAR)
Fall River: 508-324- 3561

Tapestry Health
Greenfield: 413-586-0310
Holyoke: 413-586-0310
Northampton: 413-586-0310
North Adams: 413-586-0310



²² <https://www.mass.gov/syringe-service-programs>

PROPER USE AND DISPOSAL OF NEEDLES AND SYRINGES

If you are one of the many people in Massachusetts who uses syringes you need to know about the safe use and disposal of needles, syringes and lancets (sharps).

Resources are just a phone call or click away. All calls are confidential.

Substance Abuse Education and Information Helpline
800-327-5050, TTY: 617-536-587
<https://helplinema.org/>

There are many syringe disposal sites across the Commonwealth. Information on safe disposal and a list of disposal sites is located at
<https://www.mass.gov/files/documents/2019/02/05/proper-use-and-disposal-of-needles-and-syringes-january-2019.pdf>

MASSACHUSETTS GENERAL LAWS

SALE AND POSSESSION OF HYPODERMIC SYRINGES AND NEEDLES

Chapter 94C, Sections 27, 27A and 32L

- Individuals 18 years and older may legally purchase syringes and needles from a pharmacy without a prescription
- Disposal of syringes must be done safely and responsibly.

Chapter 111, Sections 127A

- Improper disposal of infectious or physically dangerous medical or biological waste may result in penalties of up to \$25,000 or two years in a corrections facility.

POSSESSION AND ADMINISTRATION OF NALOXONE/NARCAN

Chapter 192 of the Acts of 2012 includes the following language related to the possession and administration of naloxone:

- A person acting in good faith may receive a naloxone prescription, possess naloxone and administer naloxone to an individual appearing to experience an opiate-related overdose.
- Naloxone may lawfully be prescribed and dispensed to a person at risk of experiencing an opiate-related overdose or a family member, friend or other person in a position to assist a person at risk of experiencing an opiate-related overdose.

OVERDOSE EDUCATION AND NALOXONE/NARCAN DISTRIBUTION PROGRAMS

Overdose Education and Naloxone Distribution (OEND) programs funded by the Massachusetts Department of Public Health offer counseling and referrals to addiction treatment for all participants who are using opioids. These programs train opioid users, their families and their friends on how to prevent and recognize an overdose and what to do if one occurs.

For more information go to https://www.mass.gov/files/documents/2018/05/10/oend-information-sheet-english.pdf?_ga=2.190597225.352517500.1550601007-345295663.1523391337

AIDS Action Committee

Boston and Cambridge: 617-437-6200

AIDS Support Group of Cape Cod

Falmouth: 774-763-6656

Hyannis: 508-778-1954

Provincetown: 508-487-8311

AIDS Project Worcester

Worcester: 508-755-3773

Berkshire Medical Center – Healthy Steps

Pittsfield: 413-447-2654

Boston Public Health Commission

(AHOPE Needle Exchange)

Boston: 617-534-3976 or 617-534-3967

Brockton Area Multi-Services

Brockton: 508-583-3405

Greater Lawrence Family Health Center

Lawrence: 978-685-7663

Health Innovations – Healthy Streets

Lynn: 781-592-0243

English, Spanish

Holyoke Health Center

Holyoke: 413-420-2897

Justice Resource Institute

Framingham (RISE): 508-935-2960

Lowell Community Health Center

Lowell: 978-322-8657

Lowell House

Lowell: 978-459-8656

Manet Community Health Center

Quincy: 857-939-4108

North Shore Health Project

Gloucester: 978-283-0101

Seven Hills Behavioral Health

508-996-0546, 508-235-1012, or
508-523-6262 for the following sites:

Dartmouth, Fairhaven, Fall River,
New Bedford, Taunton, Wareham

Tapestry Health

Greenfield: 413-773-8888

Holyoke: 413-315-3732 x 1

Northampton: 413-586-0310

Springfield: 413-363-9472






Victory Programs

Boston: 617-927-0836

GETTING NALOXONE/NARCAN FROM A PHARMACY

Naloxone rescue kits are available at most pharmacies across the state, with or without prescriptions.

There are two ways to get a naloxone rescue kit from a pharmacy:

1. Obtain a prescription from your prescriber and take it to a pharmacy that stocks naloxone and they can dispense it and bill your insurance. Many pharmacies are able to fill naloxone prescriptions or can order it if needed.
2. Go directly to a pharmacy with a naloxone standing order and request a naloxone kit. For pharmacies with naloxone standing orders, a prescription from a prescriber is not needed.
 - Many pharmacies in MA have a naloxone standing order, click here to see the latest list: <https://www.mass.gov/files/documents/2017/01/sw/pharmacies-so-naloxone.pdf>  
 file size 1MB
 - MassHealth covers the cost of Naloxone for members, as do many other insurers. Go to <http://masstapp.edc.org/prescribing-naloxone-and-pharmacy-access-naloxone-ma>  

Call or visit your local pharmacy to find out more and if you are interested in picking up a kit under the standing order, check the list above to make sure that the pharmacy of your choice has filed a naloxone standing order.

OTHER RESOURCES FOR NARCAN

BSAS-funded treatment programs can partner with a local pharmacy with a standing order to dispense kits and bill insurance.

Learn to Cope: Naloxone also is available at support groups for family members dealing with a loved one suffering from addiction. Go to www.learn2cope.org for meeting locations and times.

HEPATITIS C TESTING PROGRAMS

Primary care doctors and community health centers offer hepatitis C, HIV, and STD testing as well as vaccinations for hepatitis A and hepatitis B. If you don't have a doctor, you can get tested at one of the following community testing programs.

Need support around Hepatitis C? [877-Help-Hep \(877-435-7443\)](tel:877-435-7443)

For more information, please visit www.vpi.org/endhepcma

Greater Boston:

Organization	Address	Phone	Provider(s)
Beth Israel Deaconess Medical Center	336 Brookline Ave Boston, MA 02115	617-632-7706	Camilla Graham, MD, MPH Simi Padival, MD Chris Rowley, MD Robin Wigmore, MD
Beth Israel Deaconess Medical Center East	330 Brookline Ave Boston, MA 02115	617-667-7000	Nicole White, MD
Boston Healthcare for the Homeless	780 Albany Street Boston, MA 02118	857-366-2338	Marguerite Beiser, NP Molly Ingemi, HCV Care Coordinator
Boston Medical Center	1 Boston Medical Center Pl Boston, MA 02118	617-414-4290	Iona Bica, MD Benjamin Lionas, MD, MPH
Codman Square	637 Washington Street Boston, MA 02124	617-822-8710	Jonathon Pincus, MD
Fenway Health	1340 Boylston Street Boston, MA 02115	617-926-6000	Ami Multani, MD Tim Menza, MD, PhD Simi Padival, MD
Massachusetts General: Boston	55 Fruit Street Boston, MA 02114	617-726-7495	Kevin Ard, MD Arthur Kim, MD
Mattapan Community Health Center	1575 Blue Hills Avenue Mattapan, MA 02126	617-396-0061	Aimee Williams, MD
Tufts Medical Center	800 Washington Street Boston, MA 02111	617-636-7010	Jospeh Caro, MD Laura Kogelman, MD Tine Vindenes, MD, MPH Alyse Wurcel, MD, MS
Whittier Street Health Center	1290 Tremont Street Roxbury, MA 02120	617-427-1000	Morgan Freiman, MD

Northeast MA:

Organization	Address	Phone	Provider (s)
Global Care Medical Group P.C. Lowell	595 Pawtucket Boulevard Lowell, MA 01854	978-453-8261	Tine Vindenes, MD, MPH
Greater Lawrence Family Healthcare	1 Griffin Brook Drive Suite 101 Methuen, MA 01844	978-686-0090 978-686-0091	Katrina Baumgartner, MD Steven Ozaroff, PA Chris Bositis, MD

Central MA:

Organization	Address	Phone	Provider(s)
AIDS Project Worcester	85 Green Street Worcester, MA 01604	508-755-3773	Weekly Medical Clinic: NPs and MDs
Barre Family Health Center	151 Worcester Road Barre, MA 01005	978.355.6321	Judy L. Hsu, DO
Community Health Center of Franklin County	450 W. River Street Orange, MA 01364	413-325-8500	Rebecca Jackson, MD
Family Health Center of Worcester	26 Queen Street Worcester, MA 01602	508-860-7700	Phillip Boulduc, MD
UMass Memorial Medical Center	55 North Lake Avenue Worcester, MA 01655	508-856-2846	Curtis Barry, MD
UMass Memorial Medical Center	119 Belmont Street Worcester, MA 01605	508-334-5214 978-466-4212 508-334-5214 508-334-5214 508-334-5214	Mireya Wessołosky, MD David Bebinger, MD Juan Perez-Velazquez, MD Iva Zivna, MD Thomas Greenough, MD

Western MA:

Organization	Address	Phone	Provider(s)
Baystate Medical Center	3300 Main Street Springfield, MA 01107	413-794-5376	Armando Paez, MD Durane Walker, MD
Health Services for the Homeless: Springfield	755 Worthington Street Springfield, MA 01105	413-734-7140	Jessica Bossie, MD
Holyoke Health Center	230 Maple Street Holyoke, MA 01040	413-420-2276	Tammi Kozuch, RN, ACRN

South Shore & Cape Cod MA:

Organization	Address	Phone	Provider(s)
Brockton Neighborhood Health Center	63 main Street Brockton, MA 02301	508-559-6699	Olivia Pop, MD
Cape Cod Hospital: Falmouth	100 Ter Heun Drive Falmouth, MA 02540	508-548-5300	Laurel Miller, MD David Pombo, MD
Cape Cod Hospital: Hyannis	27 Park Street Hyannis, MA 02601	508-862-7296	Patrick Cahill, MD Marcia Peaslee, NP Joao Tavares, MD
Duffy Health Center	94 Main Street Hyannis, MA 02601	508-771-9599	Wesley Klein, DO
Greater New Bedford Community Health Center	874 Purchase Street New Bedford, MA 02740	508-992-6553	Shabana Naz, MD
SSTAR	400 Stanley Street Fall River, MA 02720	508-324-7763 508-675-1054	Karen Tashima, MD Donald Rice, MD

Hepatitis C and Injection Drug Use

TRYING TO BE HEPC FREE

What is hepatitis C?

Hep C is a virus that attacks the liver. It is different from other kinds of hepatitis.

- There is no vaccine to prevent Hep C.
- Without medicine, most people with Hep C will have it forever and can pass it to others through blood.
- People with Hep C may feel healthy for many years, but over time Hep C causes liver damage and can cause cancer and death.

How is hepatitis C passed between users?

Hep C is spread by contact with blood, even amounts you can't see. This often happens when people share needles, syringes, spoons, cookers, prep/rinse water, or anything used to tie off.

Can hepatitis C be passed in other ways?

Hep C can also be passed when:

- Getting tattoos or piercings in non-licensed places or with non-sterile equipment.
- During birth (uncommon) if the mother has Hep C.
- Sharing items like toothbrushes, nail clippers, or razors that have blood on them.
- Having sex (rare), especially when someone has HIV, has sex with lots of people, or has rough sex.
- People had blood transfusions or organ transplants before 1992.

How can I protect myself?

- Only use NEW needles and syringes EVERY time. Buy them at pharmacies or get them at needle exchange programs. You can find a list at www.Mass.gov/HepC.
- Find out about drug and alcohol treatment programs if you are ready to stop using. You can get information at www.HelplineMA.org.
- Only get tattoos or body piercings at places using sterile equipment and supplies.
- Only use your own razors, toothbrush, or nail clippers.
- Use a condom for anal or vaginal sex.



HIV/AIDS PROGRAMS

Pre-Exposure Prophylaxis (PrEP) Navigator Programs

PrEP, a pill taken every day, is a highly effective tool to prevent HIV. PrEP is used by HIV-negative people at high risk of getting HIV. It is an especially helpful tool for men who have sex with men (MSM), transgender women who have sex with men, and people who are in an ongoing sexual relationship with someone who is HIV-positive. To learn more: www.mass.gov/dph/prep.

PrEP navigators help people determine if PrEP might be right for them and can help them access it. Insurance usually covers PrEP; there are also programs to help pay the prescription costs. To learn more, go to <https://crine.org/>

AIDS Project Worcester

Worcester: 508.755.3773 x14

AIDS Support Group of Cape Cod

Provincetown: 508-487-8311

BAGLY

Boston: 857-313-6693 or 857-313-6630

Boston Medical Center: STD Clinic & Project Trust

Boston: 617-414-7064 or 617-505-2534

Codman Square Community Health Center

Boston: 617-822-8350

East Boston Neighborhood Health Center

East Boston: 617-568-6261

Fenway Health: Main Site & South End

Boston: 857-313-6693 or 857-313-6630

Greater Lawrence Family Health Center

Lawrence: 978-689-6664 or 978-685-7663

Greater New Bedford Community Health Center

New Bedford: 508-992-6553

Lowell Community Health Center & METTA Center

Lowell: 978-221-6767

Massachusetts General Hospital*STD/GID Clinic

Boston: 617-724-7864

Multicultural AIDS Coalition

Dorchester: 617-238-2404

Outer Cape Health Services

Provincetown: 508-487-9395 x2031

Seven Hills Behavioral Health

New Bedford: 508-996-0546

Sidney Borum Health Center

Boston: 857-313-6693 or 857-313-6630

Tapestry Health

Springfield: 413-586-2016 x 126

UMass Medical School

Worcester: 508-793-6579

Non-Occupational Post Exposure Prophylaxis (nPEP) for HIV

Non-occupational post-exposure prophylaxis (nPEP) for HIV is the use of antiretroviral drugs, as soon as possible after a high-risk exposure to HIV, to reduce (but not eliminate) the possibility of HIV infection. Treatment should be started promptly, preferably within the first several hours after an exposure. **It should be administered within 48 hours of a high-risk exposure (not to exceed 72 hours).**

nPEP is only recommended for high risk exposures like:

- Unprotected vaginal or anal sex with known (or likely) HIV-positive partner
- Injection drug use needle exposure
- After a sexual assault

Any prescribing clinician can provide nPEP. Individuals can go to their primary care provider, community health center, urgent care center, or hospital emergency room for evaluation.

nPEP is covered by most insurance, but for those who are uninsured/underinsured, the HIV Drug Assistance Program (HDAP) can be used to pay for nPEP. Go to <https://crine.org/npep> for a list of sites enrolled to use HDAP for nPEP.

SEXUAL ASSAULT AND INTIMATE PARTNER VIOLENCE

“Women in community samples report a lifetime history of physical and sexual abuse ranging from 36 to 51%, while women with substance use problems report a lifetime history ranging from 55 to 99%”²³

Sexual Assault Nurse Examiners (SANE)

SANEs are specially trained and certified professionals skilled in performing quality forensic medical-legal exams. The SANEs are available by beeper and respond immediately, when requested by a physician, to the designated SANE hospital ready to care for an individual twelve years of age and over who has experienced a sexual assault.

SANE protocols as well as a complete listing of Regional SANE Coordinators, designated SANE hospitals, and rape crisis centers may be found at www.mass.gov/dph/sane or by calling 617-624-5432.

²³ *Seeking Safety*, Lisa M. Najavits, Harvard Medical School and McLean Hospital, 1997 https://www.treatment-innovations.org/uploads/2/5/5/5/25555853/2006_in_press_2004_fmt_d_fin_revis-send_out_vers.pdf