

# CITY *of* BOSTON



## BOSTON HARM REDUCTION TOOLKIT



# FOREWORD BY CHIEF MARTINEZ

## My fellow Bostonians,

We continue to see the deep impacts of the substance use epidemic on our community and on our nation. This epidemic has taken too many lives and shattered too many families.

As a city, we have a long and proud history of providing services to people struggling with substance use. We are home to countless treatment programs, ranging from detox to recovery housing. We have strong networks of youth coalitions, youth employment opportunities, and community centers to help our young people stay healthy. Boston is home to the nation's first municipal Office of

Mayor's Office of Recovery Services, which has expanded access to care, enhanced the treatment continuum, and strengthened recovery support services across the city.

Harm reduction services provide care to people who engage in substance use, and they are a crucial piece of recovery. These services are rooted in keeping people safe by reducing the risk of communicable diseases such as HIV/AIDS and hepatitis and reducing the risk and rates of overdose. Harm reduction services "meet people where they are at," and affirm that every individual deserves to be treated with respect, dignity, and care, no matter what they are going through.

Boston is already a leader in providing harm reduction services. Our AHOPE comprehensive drug user health program is the one of the oldest and largest syringe service programs in New England, and our community partners like Boston Health Care for the Homeless Program are nationally recognized leaders in harm reduction services.

Prior to the COVID-19 pandemic, our team traveled to Canada to visit various harm reduction programs, including supervised consumption sites. We learned a lot on that trip, but we were most

struck by how widely harm reduction services are embraced in Canada. Many health centers and social service providers offered syringe exchange services and were equipped to work with people who use drugs. As the team learned in Canada, we need to do more than provide services; we need to build a culture of harm reduction in Boston.

This toolkit is meant to help us achieve that goal. It provides information on how to offer these services, and I hope it will encourage more healthcare and recovery organizations to join this movement. I hope it will also help all Bostonians learn a little more about harm reduction. I know that everyone, from healthcare professionals to recovery service providers to community members, can work to make our city a more compassionate place. We cannot do this work without you.

Sincerely,  
Marty Martinez  
Chief of Health and Human Services  
City of Boston





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# GLOSSARY

**AIDS:** An acronym for *acquired immunodeficiency syndrome*.

**bystander:** Persons who are likely to be in the presence of injection drug use by another person, including PWID and non-users who may witness an overdose and who may be in a position to intervene.

**buprenorphine:** A medication used to treat opioid use disorder. It acts as a partial agonist, activating opioid receptors in the brain to a lesser degree than a full agonist and aiding in the reduction of cravings and withdrawal symptoms.

**harm reduction:** A spectrum of evidence-based and evidence-informed strategies—safer use, managed use, abstinence—to meet people who use drugs “where they are,” preserve their dignity, and address conditions of use along with the use itself. (Source: Massachusetts Harm Reduction Commission)

**hepatitis:** Inflammation of the liver. Viruses, alcohol or substance use, exposure to toxins, and certain diseases can cause hepatitis. Viral hepatitis refers to liver inflammation caused by one of several types of viruses that attack the liver:

**HAV:** acronym for *hepatitis A virus*

**HBV:** acronym for *hepatitis B virus*

**HCV:** acronym for *hepatitis C virus*

**human immunodeficiency virus (HIV):** A virus that attacks the human body’s immune system, making the person more vulnerable to other infections and diseases.

**low-threshold programs:** Programs that do not have strict requirements for entry related to abstinence or engagement in treatment or services.

**methadone:** A medication for opioid use disorder (MOUD) that, like buprenorphine, is found to reduce opioid mortality. Methadone is an opioid agonist, with longer and tighter binding to opioid receptors than illicit opioids like heroin or fentanyl. As a result, methadone delivers a more controlled opioid effect while reducing cravings and withdrawal symptoms.

**MOUD:** An acronym for *medication for opioid use disorder*. Increasingly, the field is using MOUD instead of *medication-assisted treatment*, or MAT, to describe FDA-approved medications to treat opioid use disorder.

**naloxone:** A medication used to reverse opioid overdoses. It is antagonist opioid medication, which means that it blocks opioid receptors. Naloxone is such a powerful opioid antagonist that it reverses the effects of opioids by kicking them off receptors and blocking those receptors in the brain. With opioids off receptors in the brain stem, the person can breathe. The safest and most common form of naloxone is 4 mg nasal spray.

**naltrexone:** A medication used to treat both opioid and alcohol use disorders.

**OBAT:** An acronym for *Office-Based Addiction Treatment Program*.

**OEND:** Overdose education/naloxone distribution (OEND) services include a) education regarding drug use and overdose prevention; b) enrollment and training for clients, bystanders and others to administer naloxone in the context of an overdose; c) distribution of naloxone; and d) referral for bystanders and others to access naloxone in pharmacies, either through a prescription

from a provider or through a pharmacy that has a standing order to dispense a naloxone kit.

**opioid use disorder (OUD):** Physical and psychological reliance on opioids, a substance found in certain prescription pain medications and illegal drugs like heroin or fentanyl ([www.hhs.gov/opioids](http://www.hhs.gov/opioids))

Stakeholders can be residents or community members, staff, business owners, or representatives of community-based organizations.

**supervised consumption site (SCS):** A harm reduction tool that primarily aims to reduce the acute risks of disease spread through unhygienic injection and prevent drug-related overdose deaths. Most SCSs

focus on injection drug use; however, some allow or include space for other types of consumption. Some SCSs connect individuals with addiction treatment and other health and social services. SCSs provide drug users with sterile consumption equipment and emergency care in the event of overdose. (Source: [Harm Reduction Commission Report, 2019](#))



**people who inject drugs (PWID):** A subset of *people who use drugs* (PWUD).

**people who use drugs (PWUD):** Someone using drugs intravenously or otherwise.

**PrEP:** An acronym for *pre-exposure prophylaxis*, which is used for the prevention of HIV infection in the United States. To learn more, please visit the [CDC's website](#).

**stakeholder:** Any individual, group, or organization with a vested interest—a personal stake—in a particular issue or decision. A stakeholder will either effect change or be affected themselves.

**substance use disorders (SUDs):** SUDs occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. (Source: [SAMHSA Mental Health and Substance Use Disorders](#))

**syringe services programs (SSPs):** Community-based prevention programs for PWUD that provide a range of services, including linkage to substance use disorder treatment; access to and disposal of sterile syringes and injection equipment; and vaccination, testing, and linkage to care and treatment for infectious diseases. (Source: [CDC Syringe Services Programs \[SSPs\]](#))



# LEARN: PRINCIPLES AND PRACTICES OF HARM REDUCTION

The Learn portion of this toolkit will orient you to the principles and practices at the heart of harm reduction. You will also discover how your work in harm reduction today fits into Boston’s longer history as a harm reduction leader.

## WHAT IS HARM REDUCTION?

Harm reduction is a pragmatic, compassionate, and evidence-based approach to lessening the harms associated with substance use. With drug use a reality of life in Boston, harm reduction provides the tools for keeping those in our community who use drugs safe. Harm reduction efforts, like safe syringe disposal, keep the community at large safe, too.

Harm reduction programs reduce the negative effects of illicit drug use and expand access to the services and resources people with substance use disorders (SUDs) need to survive. Harm reduction interventions—syringe exchange, pre-exposure prophylaxis (PrEP), risk-reduction counseling, supervised consumption sites, fentanyl testing—are shown to reduce the risk of HIV/AIDS, overdose, and other health conditions in people who use drugs.<sup>1</sup>

Harm reduction’s theory of change centers people who use drugs (PWUD) as leaders in this work. What is more, all Bostonians can play a part in promoting harm reduction in our

- Figure 1**  
*Harm Reduction in Everyday Life*
- Seat belts
  - Car seats
  - Bike helmets
  - Nicotine gum or patch
  - Designated drivers
  - Vaccines
  - Face masks and gloves
  - Guardrails
  - Safe drinking guidelines for young adults

City, whether you are a healthcare provider or the family member of an individual living with a SUD. Increasingly, harm reduction is seen as an essential practice for any agency or sector that interacts with PWUD, including hospitals and community health centers, public safety, homeless services, sexual violence services, and businesses.

### **Benefits of Harm Reduction Services**

A solid research base has established the effectiveness of harm reduction. For example, a systematic review of syringe services programs (SSPs) showed reduced rates of HIV, hepatitis B virus (HBV), hepatitis C virus (HCV), and improved, safer injection practices.<sup>2</sup> Research also revealed that people who are engaged with a harm reduction service provider, be it a syringe exchange or a supervised consumption site, are much more likely to go to treatment. In fact, people who engage with SSPs are five times more likely to enter SUD treatment than those who do not use the program.<sup>3, 4, 5</sup> People who use SSPs regularly are nearly three times as likely to report a reduction in injection frequency as those who have never used SSPs.<sup>3</sup>

Harm reduction strategies also benefit their surrounding communities. Eight federally funded studies have shown that SSPs do not result in increased drug use or area crime rates. Further, SSPs and supervised consumption sites (SCSs) are associated with a reduction of discarded syringes because they provide a space for safe disposal.<sup>6, 7, 8</sup>

Table 1 outlines several of the benefits of harm reduction practices.



## **Goals of Harm Reduction**

These are the goals of harm reduction:

1. To engage hard-to-reach people in harm reduction, health care, and social services
2. To reduce drug overdoses
3. To reduce infections associated with injection drug use
4. To support individuals in protecting their health while they consider treatment and recovery
5. To keep individuals engaged if they relapse or are non-abstinent from alcohol or drugs
6. To reduce stigma associated with drug use
7. To improve individual and public health

Accomplishing these goals will build healthier families, healthier neighborhoods, and a healthier City. Figure 1 lists common examples of harm reduction that we see in our everyday lives.

**TABLE 1**

***Benefits of Harm Reduction Strategies to Individuals and Communities***

<b>INDIVIDUAL BENEFIT</b>	<b>COMMUNITY BENEFIT</b>
Reduced rates of HIV, HBV, and HCV infections	Lower rates of transmission of HIV, HBV, and HCV in community
Increased rates of testing for HIV, HBV, HCV, COVID-19, and other diseases	Reduced visits by PWUD to emergency departments <sup>9</sup>
Reduced rates of fatal drug overdoses	Saves lives of family and friends
Improved access to medical and social services	Decrease in improperly discarded syringes
Increased ability to create individual treatment plans, overdose plans and action plans	Cost-effective
Increased entry to SUD treatment	No increase in criminal activity

Low-threshold approaches are especially helpful for people who have severe SUDs and face other significant barriers to accessing traditional health care and other services. Among these barriers are prejudice and discrimination, unstable housing, poverty, and lack of social support. Due to our country’s history of systemic racism, these barriers disproportionately affect communities of color.<sup>10</sup> In addition, the country’s decades-long war on drugs heightened barriers to substance use care for communities of color. Extensive evidence shows that Black and Latinx individuals who use drugs face harsher policing and sentencing than their White counterparts, such that substance use in communities of color was historically met with punishment rather than treatment.<sup>11</sup> Against this backdrop, harm reduction is a proven pathway for engagement and healing among marginalized communities.

The growing embrace of harm reduction in Massachusetts has led to major strides in promoting the health of people who use drugs and their communities. Nonetheless, stigma persists among those who view harm reduction as condoning illegal or immoral behaviors.

Guided by data and community needs, Boston’s Mayor shares the conviction with policy experts that harm reduction is effective at saving lives and serving highly marginalized individuals.

## PRINCIPLES OF HARM REDUCTION

The National Harm Reduction Coalition, an organization of proponents of harm reduction services, developed [principles to guide harm reduction programs](#)’ approach to working with PWUD, and providing harm reduction services. The following principles, adapted from those of the National Harm Reduction Coalition, capture the nature and the spirit of harm reduction work:

### ***Emphasis on Reducing Harm***

Harm reduction recognizes that substance use is part of our reality. Along the spectrum of substance use, some ways of using drugs are inherently more risky than others. Harm reductionists offer practical strategies and needed resources to lessen or eliminate potential dangers caused by high-risk behaviors.

### ***Agency: Harm Reduction Elevates the Voices of PWUD***

Harm reduction recognizes PWUD as experts on their bodies and their drug use. Harm reduction programs, therefore, engage PWUD and those with a history of drug use in every stage of designing and delivering services. A guiding harm reduction mantra for giving PWUD a voice in programming is “Nothing about us without us.”

### ***Noncoercion: Harm Reduction Services Are Always Voluntary***

Voluntary participation is a cornerstone of harm reduction. Harm reductionists value personal choice and help people make informed decisions by presenting options and discussing the strengths and limits of each choice with a person who is using drugs. By participating in shared decision-making, PWUD learn about possibilities for their future and exercise their own agency.

### **Figure 2** ***Principles of Harm Reduction***

**Emphasis on reducing harm:** Harm reduction offers safer options

**Agency:** Harm reduction elevates the voices of PWUD

**Noncoercion:** Harm reduction services are always voluntary

**Nonjudgmental:** Harm reduction accepts PWUD as they are

**Low-threshold access:** Harm reduction minimizes barriers to services

**Empowerment:** Harm reduction shares knowledge, teaches skills

**Equity:** Harm reduction advances racial justice

### ***Nonjudgmental: Harm Reduction Accepts PWUD as They Are***

Nonjudgmental acceptance may be uncommon for PWUD who often confront prejudice and discrimination. Harm reductionists are accepting, genuine, and empathic. Some workers find it helpful to reflect personally on what elicits their moral judgments and to practice strategies of acceptance. Appendix A contains sample language and terminology that you can adopt when practicing harm reduction with PWUD.

### ***Low-Threshold Access: Harm Reduction Minimizes Barriers to Services***

Low-threshold spaces are services designed to make minimal demands on a person, offering services without attempting to control behaviors that the person may be unable or unwilling to change. The low-threshold principle makes harm reduction services more readily available and easily accessible to those who need them most.

### ***Empowerment: Share Knowledge, Teach Skills***

Harm reduction views PWUD as being the primary agents for reducing harm to themselves from their drug use. Harm reductionists partner with PWUD to increase their knowledge and skills, especially those for accessing care, reversing overdoses, and practicing drug-checking.



### ***Equity: Harm Reduction Advances Racial Justice***

In areas where progress has been made to reduce overdose rates, improvements in outcomes are uneven across communities of color.<sup>12, 13</sup> From 2011 to 2016, the opioid overdose death rate climbed more among Black individuals than among any other racial or ethnic population in the United States.<sup>14</sup> This trend highlights the reality that combatting the opioid epidemic will require a commitment to equity in interventions, outcomes, and leadership.

Moreover, even though injecting behavior is more common among White PWUD, Black and Latinx PWUD experience more adverse consequences from injection drug use. Black and Latinx men living with AIDS, which is the advanced stage of HIV infection, are three times more likely to have initially contracted HIV from injection drug use than White individuals living with AIDS.<sup>15</sup> This disparity reflects that communities of color

are more likely to face structural barriers to accessing health care. Without consistent, compassionate, and affordable health care, HIV infections are more likely to go undetected until progressing to AIDS. Anti-racist approaches to reducing HIV morbidity and mortality should expand access to care earlier and more broadly among communities of color.<sup>16</sup>

Additionally, the war on drugs—in Boston and across the country—has disproportionately policed and incarcerated Black and Brown communities, despite equally prevalent drug use in White communities.<sup>11</sup> This legacy of violence, incarceration, and discrimination resulting from racist drug policy calls for a modern-day approach to substance use

grounded in principles of racial justice and anti-racism.

Harm reduction answers this call. Harm reduction seeks to respond to the needs of individuals who traditional systems marginalize. To live up to this mission, harm reduction programs must commit to an explicit racial justice framework. The principle of advancing racial justice should guide community outreach and engagement; collective leadership and decision-making; and ongoing, developmental evaluation. A racial justice framework addresses systematic racism, backs practices that produce equitable leadership structures, and prioritizes accountability for equitable results.<sup>17</sup>





## CORE PRACTICES OF HARM REDUCTIONISTS

To successfully implement harm reduction, there are a few core practices of engagement, which we will discuss in this section.

### ***Listen to and Learn from PWUD***

A critical skill of harm reduction services is the ability to listen to and learn from PWUD. People who are actively using should be at the forefront of all decision making, as they are the only ones who can tell you what they need, whether that be services, referrals, medical care, etc. PWUD also provide crucial information about overdoses in the area, and characteristics of the current drug supply. Harm reduction programs recruit PWUD to serve in advisory and leadership roles to ensure that people are getting the services that they need.

Harm reduction providers also listen and learn from individual program participants to discover more about their lives and current situation. Often, risks are complex and not easily remedied with a simple resource or strategy. When this is the case, providers and PWUD brainstorm to identify possible solutions. Actively involving PWUD in developing personally tailored solutions can create a culture of empowerment.

### ***Use a Person-Centered Approach***

To build upon listening and learning from PWUD, using a person-centered approach will allow you to engage the individual throughout the entire process of their decisions and any care or treatment they

receive. It is important to not only involve PWUD in their treatment and care plans, but these individuals should be at the forefront of any decisions made. For more information on how to use a person-centered approach, please see Appendix I, [page 83](#).

### ***Engage People in Need***

Some individuals who could benefit from harm reduction services may be reluctant to engage in the service due to past trauma and interactions with service providers. There is a widespread distrust of the system of care, and a fear of legal consequences from using illicit drugs. Harm reductionists invest time in gaining the trust of PWUD. Building trusting relationships entails meeting people where they are, both physically and figuratively. Harm reductionists often travel physical distances to connect with PWUD. Harm reductionists also meet PWUD where they are in terms of their goals, preferences, and needs, and then work together to tailor a responsive approach.

Once an individual initiates contact with harm reduction services, providers continue to provide reliable support and demonstrate respect and understanding to strengthen the connection. Sometimes PWUD are in-and-out of contact with harm



reduction providers, and harm reductionists seek to re-engage clients without infringing on their privacy.

### **Share Information and Teach**

Much of the work of harm reduction consists of sharing practical and accurate information so that PWUD can make safer, informed decisions about their drug use. Examples of relevant information include the effects of specific drugs on the body or the causes of HIV infection. Harm reductionists teach skills like safer injection, wound care, overdose reversal with naloxone, as well as skills like how to advocate to providers, create treatment plans and will sit through referral processes. Harm reductionists also provide information about resources and services in the community that PWUD can safely access. To learn more about how to provide guidance for safer injection drug use, you can refer to the National Harm Reduction Coalition's [Safety Manual for Injection Drug Users](#).<sup>18</sup> The Coalition updates the manual as practices evolve and knowledge expands.

Implicit in this practice of “sharing” knowledge is the recognition that PWUD are experts about their own drug use. Harm reduction programs should seek to learn from participants about their personal drug use as well as community patterns of drug use. This bidirectional information exchange is crucial to providing services that are practical to carry out and responsive to your community’s needs.

### **Create Low-Threshold Spaces**

Low-threshold spaces make minimal demands on a person for accessing services. This practice makes services as easy to access as possible. Low-threshold services and spaces do not require a person with SUD to stop using substances or a person with a mental illness to use psychiatric medication to be able to get resources. Low threshold services also tend to be in environments of need and available at low or no cost, offering rapid access to desired treatment services.

The term low-threshold can apply to MOUD (medication for opioid use disorder), health care, shelter services, and employment services. A checklist for low-threshold program design is in Appendix B, [page 45](#).

### **Reduce Stigma**

The National Harm Reduction Coalition defines stigma as “assigning negative labels to people considered to deviate from social norms.” Stigma manifests at the individual level in the form of prejudiced attitudes toward PWUD, at the interpersonal level in the form of discriminatory treatment toward PWUD, and at the structural level in the form of barriers to opportunities and resources for PWUD. For PWUD, internalizing stigma can result in shame and avoidance of seeking out resources.

While stigma may seem abstract, it has real consequences. One study of Black and Latinx PWUD reported that 65 to 85 percent of respondents experienced discrimination in healthcare settings.<sup>19</sup> Researchers have



found that experiences of discrimination are associated with poorer physical health. For these reasons, it is critical that harm reduction programs train staff to work with PWUD in a compassionate and nonjudgmental manner. This training should help staff reflect on and dispel their own prejudices about PWUD.

Taking the following steps adapted from the National Harm Reduction Coalition can help harm reductionists confront stigma:

- **Shift expectations.** Remember that your assumptions about PWUD will shape the actions you take. Begin by assuming that “people who use drugs know their own bodies, care for their loved ones and communities, are capable of making rational choices, and can be trusted.”
- **Engage in caring curiosity.** To inform their actions, harm reductionists cast

aside preconceived notions and turn to their clients for guidance. Asking clients questions from a place of respect and care removes stigma from the problem-solving equation.

- **Center people.** Use people-first principles when providing services and writing materials. In other words, make sure that your practice and language treat clients as people who use drugs, not as anonymous drug users.<sup>20</sup>

### ***Focus on Team Wellness***

Those working in the field of harm reduction must cope with a range of stressors on the job. Pain and loss are part of the work as staff may deal with the premature deaths of individuals they worked with.

Despite the difficulty of the work, some dedicate their careers to working with PWUD. One of the strategies seasoned harm reductionists use is to build a team to share in the work. Many programs establish policies and procedures to make sure that each team member has the support they need to perform their jobs and stay healthy. Policies should allow staff time and opportunities to explore a variety of techniques for coping with stress. For example, team members can incorporate exercises for centering, time management, and relaxation into their work as a daily practice.

## HISTORY OF HARM REDUCTION IN BOSTON

Boston's introduction to harm reduction services came on the heels of the HIV/AIDS epidemic that started in 1981. Despite data showing that the virus was spreading rapidly through both intercourse and through needles, public health efforts were slow to protect people who were using drugs against the spread of HIV. As a result, people who injected drugs made up 25 percent of new HIV infections by the early 1990s.<sup>21</sup> During this time, concerned groups and individuals provided syringes, condoms, and HIV education. Some, like the group called the IV League, did this quietly and under the radar as they anticipated the epidemic ahead. In Boston, the AIDS Brigade ran a highly visible and contested needle exchange in the South End.

Boston's early history with harm reduction demonstrates that efforts to improve drug user health must overcome stigma. This timeline highlights key developments of harm reduction services in the City of Boston.



# HARM REDUCTION TIMELINE IN BOSTON

## EM AIDS ACTION



**1983** AIDS Action Committee founded

**1983** Boston AIDS Brigade begins operating then-illegal needle exchange

**1987** Boston City Council passes ordinance proposed by Mayor Raymond L. Flynn to pilot the City's first syringe service program. The plan does not receive state authorization, but City-backed efforts—and underground efforts—move forward.

**1988** Project TRUST opens drop-in center that offers harm reduction counseling, supplies, and testing, but does not yet offer syringe services

**1993** Governor William F. Weld signs into law legislation allowing the Department of Public Health (DPH) to establish up to 10 pilot syringe service programs with local approval

**1994** City-operated AHOPE (Access, Harm Reduction, Overdose Prevention and Education) syringe services launch in Boston with street mobile outreach

**1994** Pilot Needle Exchange Programs in Boston and Cambridge were assessed for the following: # of syringes exchanged, # of averted needle sticks among public safety, # of individuals served, # of individuals referred to HIV testing, addiction treatment, and social services etc. (1994, T. Case, T. Meehan)

**1994** HIV testing is further integrated into SSP program models to reduce harm and link HIV+ clients to care

**2006** Boston EMS (Emergency Medical Services) granted Special Project Waiver to start using nasal naloxone

**2006** Massachusetts legislature decriminalizes possession and distribution of hypodermic needles

**2006** Boston Public Health Commission (BPHC) implements overdose prevention program to train PWUD and potential bystanders how to administer overdose-reversal medication naloxone

# HARM REDUCTION TIMELINE IN BOSTON



**2007** BPHC's successful overdose prevention program results in a statewide model, the Opioid Overdose Prevention with Narcan Pilot Project

**2007** MDPH begins annual harm reduction workforce wellness sessions for all SSPs/OEND staff to help address the impact of overdose deaths on the harm reduction workforce

**2008** Overdose prevention training expands into Suffolk County House of Corrections

**2012** Massachusetts Good Samaritan Law passes, protecting individuals who call 9-1-1 for help when witnessing an overdose from being charged with possession of a controlled substance

**2014** Mayor Martin J. Walsh approves Boston Fire Department to carry overdose reversal kits

**2015** Mayor Martin J. Walsh creates the Mayor's Office of Recovery Services, the first municipal office in the United States solely dedicated to addressing substance use and addiction

**2016** Boston Health Care for the Homeless Program's Supportive Place for Observation and Treatment (SPOT) opens to prevent overdoses by monitoring individuals under the influence of opioids

**2016** Massachusetts state budget authorizes DPH to establish syringe service programs, without a limit on the number of programs, contingent on approval from local boards of health

**2016** BPHC implements home visiting program in response to overdoses in residential settings, providing access to care, overdose prevention, and training in how to administer naloxone

**2017** Boston EMS adds Community Assistance Unit to respond to non-transport calls, including overdoses

**2017** The Engagement Center opens as a welcoming, no barrier, daytime space

# HARM REDUCTION TIMELINE IN BOSTON



**2017** Massachusetts Supreme Judicial Court rules that privately run syringe service programs are legal and do not need approval from local boards of health

**2017** Massachusetts Medical Society Task Force on Opioid Therapy and Physician Communication publishes a report in support of a supervised injection facility pilot

**2018** Governor Charlie Baker signs legislation establishing the Massachusetts Harm Reduction Commission to review harm reduction's role in addressing SUD and make recommendations for the Commonwealth

**2019** Mayor Martin J. Walsh visits harm reduction models in Montreal and Toronto

**2019** BPHC Infectious Disease Bureau grants funds for syringe services through Victory Programs and Project TRUST

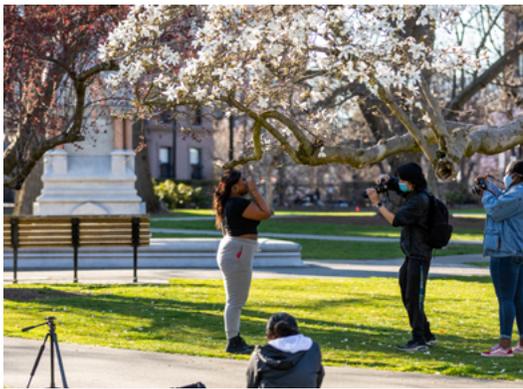
**2019** Boston becomes one of the first cities in the United States (along with Chicago) to offer comprehensive drug checking through a mass spectrometer through AHOPE

**2019** BPHC Infectious Disease Bureau grants funds for syringe services through Victory Programs and Project TRUST

**2020** Massachusetts Joint Committee on Mental Health, Substance Use and Recovery endorses a proposal for 10-year pilot of at least two safe consumption sites

**2020** "Comfort Station" created in response to COVID-19 pandemic. An outdoor space providing access to bathrooms, hand washing stations, masks, harm reduction supplies, and nursing care

**2020** Boston EMS launches Leave Behind Narcan program





## HARM REDUCTION IN BOSTON TODAY

Over the past 15 years, our City, State, and nation have faced an opioid epidemic marked by a surge in prescription and illicit opioid misuse. In Massachusetts, opioid overdose deaths climbed from 547 in 2010 to 2,035 in 2020. In Boston, opioid overdose deaths are the leading cause of accidental death. Today, providers are responding to a dangerous fourth wave in the opioid epidemic characterized by an increase in use of stimulants—like cocaine and methamphetamine—alongside opioids. Harm reduction is a critical framework for the City of Boston’s work to prevent overdoses and address the opioid crisis.

In addition to healthcare workers, social service providers, and civic leaders, Boston’s residents play an important part in the City’s harm reduction efforts. In 2006, the Boston Public Health Commission

began training people who use drugs and bystanders on the use of the overdose-reversal drug naloxone (known by the brand name Narcan). Since then, more than 10,000 Boston residents have been trained. Residents, people who use drugs and the people around them conduct most of the overdose reversals in the City. Policies and practices have expanded to include training for first responders and placing overdose reversal kits in municipal buildings. Every resident in Massachusetts can access naloxone through a local pharmacy without needing a prescription due to a statewide standing order.

The City of Boston aims to continue expanding harm reduction services throughout the City to reduce opioid overdoses, lower the rates of infectious disease, and engage Boston’s most marginalized citizens in services. In 2015, reflecting his commitment to reducing overdose deaths and improving recovery outcomes of people with SUDs, Mayor Martin J. Walsh created the Mayor’s Office of Recovery Services (ORS), the first municipal office dedicated to recovery in the United States. ORS works across City departments and with community partners to coordinate a Citywide recovery strategy, reduce stigma, and improve access to care.

In collaboration with the Boston Public Health Commission and other community partners, ORS strengthened a continuum of direct services, aimed at saving lives and improving the recovery outcomes of people with substance use disorders (see Table 2).

**TABLE 2**

**City of Boston's Continuum of Direct Care Harm Reduction Services**

OUTREACH WORKERS	THE ENGAGEMENT CENTER	AHOPE	PAATHS	RESIDENTIAL AND OUTPATIENT SERVICES
Networks and teams of workers engaging PWUD to help them access care, and delivering naloxone and needed supplies	A low-threshold daytime space providing facilities and space for PWUD experiencing homelessness to rest and connect to services and supports	Provides comprehensive health services for PWUD, including syringe services, drug checking, testing, harm reduction counseling, and service navigation	Assists people in choosing various treatment modalities, and lowers the barrier to access SUD treatment in the Boston area	Provides short-term and long-term residential and outpatient services; including peer-to-peer recovery support services

Note: AHOPE = Access, Harm Reduction, Overdose Prevention and Education; PAATHS = Providing Access to Addictions Treatment, Hope and Support

**LOOKING AHEAD: BOSTON'S ROADMAP FOR HARM REDUCTION**

The human cost of the opioid epidemic in Massachusetts has led community stakeholders to recognize that harm reduction is the most effective approach for engaging PWUD and saving lives.

In 2018, the Commonwealth of Massachusetts assembled the Harm Reduction Commission to address the opioid crisis. The Commission concluded that:

*“The Commonwealth, in partnership with its municipalities, must foster a culture of harm reduction. Although there are existing harm reduction programs, there is no comprehensive statewide strategy. A strategy should be developed to expand harm reduction resources across the state, targeting areas with the highest rates of opioid-related overdoses. The strategy should have a strong education component focusing on the public at large and the health care community.”*

—Finding of the Harm Reduction Commission, 2019, p. 15



In 2019, Mayor Walsh, a member of the Commission, visited Montreal and Vancouver to see the way in which the two cities provide harm reduction services, including supervised consumption sites. These site visits informed the Commission's efforts to create a roadmap for expanding harm reduction services in Boston.

Looking ahead, Boston will continue to support the implementation of harm reduction principles (the City's goals are presented in Figure 3). This strategy will include redoubling our commitment to existing initiatives, ranging from community health center (CHC) programs for individuals with HIV, to street outreach and mobile care services for people experiencing homelessness. These are the City's strategic next steps:

- strengthening the Citywide approach to harm reduction, highlighting existing services and upcoming opportunities for harm reduction in Boston
- creating opportunities to educate providers and community members about harm reduction, and existing services in Boston
- expanding harm reduction services like SSPs
- and continuing to explore SCSs as a viable service.

## **Supervised Consumption Sites**

While Boston has an array of harm reduction services, supervised consumption sites are not legal anywhere in the United States. In other parts of the world, however, SCSs are legally sanctioned facilities that reduce the harms of public drug use by providing a space for safe, supervised use, with sterile injection supplies and medical monitoring to prevent overdoses. A survey conducted in Boston revealed that over 80 percent of PWID would be willing to use SCSs, if they were available.<sup>22</sup> In addition, the Boston Users Union, an organization of PWUD, endorsed the creation of SCSs as a strategy to cut overdose deaths and decrease the isolation of PWUD.

In its [2019 report](#),<sup>23</sup> the Massachusetts Harm Reduction Commission defines SCSs as follows:

*“SCSs are a tool of harm reduction that primarily aim to reduce the acute risks of disease transmission through unhygienic injection and prevent drug-related overdose deaths. Some SCSs connect individuals with addiction treatment and other health and social services. SCSs provide drug users with sterile consumption equipment and emergency care in the event of overdose.” (p. 13)*



Other U.S. cities, including San Francisco and Philadelphia, are proposing SCSs as an essential part of a harm reduction strategy that saves lives, reduces infection, and engages PWUD. As the nation continues to respond to the opioid epidemic, SCSs are an essential tool on the continuum of prevention and support.



### Figure 3

## Boston's Key Harm Reduction Goals

1. Expand and improve harm reduction services in healthcare settings across the City, especially HIV care providers and community health centers.
  - + Support efforts of the Boston Public Health Commission's Infectious Disease Bureau to provide funding to support HIV/AIDS prevention and harm reduction services, with a focus on people who inject drugs (PWID).
  - + Provide HIV care providers and community health centers with training and technical assistance on providing syringe services and other harm reduction services.
2. Expand harm reduction services and approaches in housing and homelessness programs.
  - + Work with the City's Homeless Services Bureau and Department of Neighborhood Development to evaluate barriers to accessing homeless services for PWUD.
  - + Provide training and technical assistance to housing and homelessness programs on harm reduction approaches and policies that support PWUD.
  - + Explore the creation of overnight low-threshold spaces for PWUD.
3. Expand the reach of existing SSPs to more parts of the City, especially high-impact areas.
  - + Work with HIV care providers, CHCs, and other healthcare providers to launch new
  - + SSP-related programming.
  - + Work with existing SSPs to increase their capacity, where needed.
4. Increase knowledge of harm reduction practices and capacity to provide harm reduction services across sectors.
  - + Launch engagement and education opportunities for leaders across service sectors to engage in conversations about harm reduction.
  - + Conduct outreach to businesses to help increase understanding of overdose prevention and other harm reduction efforts.
5. Decrease the prejudice and discrimination experienced by PWUD.
  - + Hire Community Affairs Manager within Recovery Services to work with neighborhood residents and organizations to increase education around substance use-related issues.



## ENGAGE: INVOLVING THE COMMUNITY

Community engagement and education are essential to the launch and sustainability of harm reduction programs. Harm reduction programs are better positioned to achieve their goals with the support of PWUD, City agencies, neighbors, medical providers, social service organizations, and other relevant stakeholders. This section of the toolkit offers guidance for engaging these community stakeholders and provides tips for program engagement.

### ENGAGING PEOPLE WHO USE DRUGS

Your harm reduction program should actively engage PWUD from the beginning of your planning process. Reach out to PWUD in your community or to harm reduction groups throughout the state to gather insight and feedback from individuals with lived experience. This may involve connecting with users' unions, which are organizations made up of PWUD and their loved ones, or with PWUD who serve on advisory boards for HIV/AIDS or homelessness advocacy. The Boston Users Union, for example, advocates for harm reduction in the City. You can find additional guidance for ensuring authentic involvement from PWUD in the National Harm Reduction Coalition's [Guide to Developing and Managing Syringe Access Programs](#).<sup>24</sup>

Establish a consumer advisory board made up of PWUD to guide your program's decisions. This arrangement helps harm reduction programs better meet the needs of the people they serve. It also provides an opportunity for PWUD to participate in a valued role.



## ENGAGING WITH THE CITY

Contact the City for support with introducing harm reduction programs. The Boston Public Health Commission and Office of Recovery Services want to partner with you. We recognize that communities often have concerns about substance use services. We will work with you to engage communities about your program, enhance your capacity to provide harm reduction services, and coordinate with Boston's continuum of care.

## ENGAGING NEIGHBORS

Before starting harm reduction services, engage community leaders and members in conversations to address their concerns and to recruit them as friends of the program. One strategy is to distribute written materials describing the goals and operations of the proposed program and to invite people to a community meeting. The community meeting might begin with a discussion of the local impact of the opioid epidemic. Meeting participants can ask questions and express concerns.

Planning for a meeting with community members involves developing a communication strategy with clear, well-prepared messaging. Anticipating difficult questions and concerns is also part of the planning strategy. Prepare clear responses. This preparation allows you to be fully present with community members during the meeting so that you can listen well to their concerns.

See Appendix C, [page 47](#), for tips on communicating with community members.

## ENGAGING OTHER COMMUNITY STAKEHOLDERS

Community stakeholders come from all sectors of a community. You will set your program up for success by engaging the following groups:

- Boston Police Department
- City Council representatives
- Homeless service providers and shelters
- Local public health organizations
- Community health centers
- Neighborhood associations and coalitions
- Schools and PTAs
- Business owners
- Faith communities
- Concerned citizens

Appendix D, [page 49](#), has FAQ that might be useful when talking with businesses or other stakeholders about harm reduction approaches for PWUD in your community.

## COMMUNITY ENGAGEMENT EXAMPLE: MOBILE ADDICTION SERVICES

### Care in Reach Van

“Prior to program launch, the Kraft Center and its partners embarked on a widespread community engagement effort to describe services and solicit feedback from local stakeholders. After presenting the proposed model to Boston’s Office of Neighborhood Services (ONS), the team worked closely with ONS to identify potential sites for the mobile clinic. Ideal sites were those experiencing high rates of overdose, a lack of available addiction services, and community support for an intervention.



Once potential pilot sites were identified, the Kraft Center and its partners spent over four months engaging with law enforcement, neighborhood associations, local business associations, community health centers, and other neighborhood leaders. During these meetings, the team distributed written materials, listened and sought feedback about the proposed program and services, had conversations about the impact of the opioid epidemic on the community, and addressed concerns about how Community Care in Reach might impact their neighborhood. We worked closely with community health centers to familiarize our staff with their current OBAT [Office-Based Addiction Treatment Program] capacity and helped develop plans to coordinate referrals. Though some harm reduction strategies such as syringe exchange can be provocative and illicit strong responses from community members, the overall feedback was very supportive. The Kraft Center continues to engage these community partners with program updates and requests for feedback while the CareZONE van [now called the Community Care in Reach van] maintains a presence in their neighborhood. This community support remains crucial to the program’s ongoing success.”

—Kraft Center for Community Health Mobile Addiction Services Toolkit, p. 8

## ENGAGING OTHER SERVICE PROVIDERS

Harm reductionists have a long history of addressing the health and basic needs of people at elevated risk for poor health outcomes. In recent years, traditional

healthcare providers have increasingly recognized that harm reduction is effective for their patients, particularly those who face significant socioeconomic disadvantage, multiple chronic health conditions, and a history of crisis-oriented episodic care.

As a result, healthcare providers have an interest in learning and applying harm reduction practices to improve engagement in services for people who experience barriers. For a harm reduction program, partnering with healthcare organizations can form a referral network for the health services that participants need but that the program does not offer, such as vaccinations and primary care. When seeking partnerships, aim to identify providers who already offer services with a harm reduction framework. When necessary, your program can work to build



your partners' capacity for using a harm reduction approach.

### ***Aligning Missions***

Recruiting partners begins with finding people or organizations that have

something in common with your program's mission. Many health and social service programs share similar missions and goals, but usually have some variance. Finding the commonalities will allow you to start a conversation, with the hope that then you can tackle issues

and challenges together, combining your expertise. Through engagement with community members and stakeholders, you can begin to identify these areas of common ground and commit to aligned actions that will contribute to positive outcomes.

While aligning yourself with people who share values and missions, it is equally important to meet with members of your community who have negative beliefs and feelings about harm reduction. Make space for community members to share their concerns about harm reduction,

their personal experiences with racial injustice, and their community's existing approaches for reducing the harms of drug use. As a best practice, centering the lived experience of people and leaders who are most impacted by an issue is essential to successful, relevant programming. See Figure 4 for additional best practice strategies for engagement.



There are many examples of programs coming together and partnering to provide harm reduction and other services to high-risk populations.

One example is the Engagement Center (EC), which the City of Boston's Office of Recovery Services implemented with

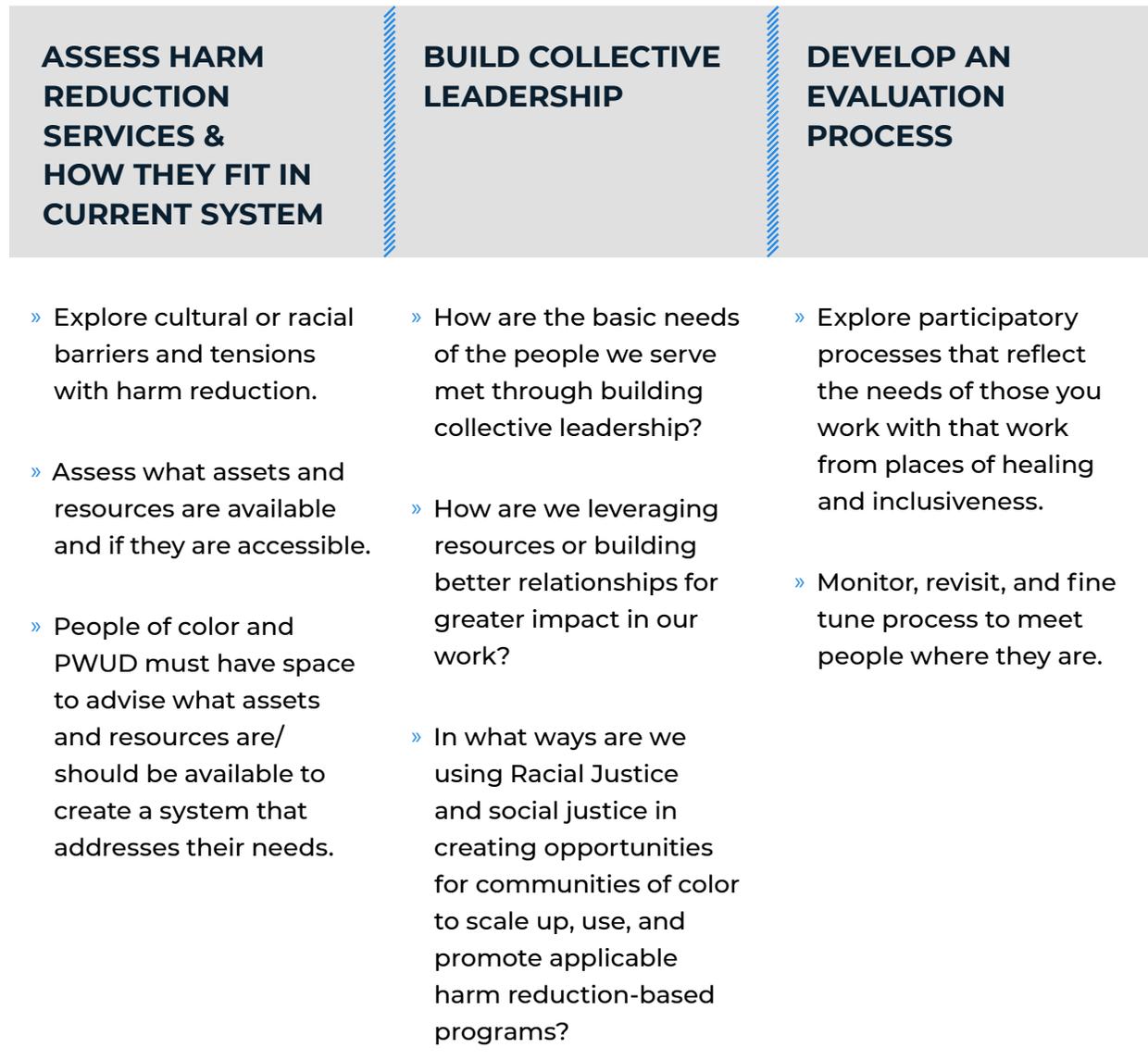
support and collaboration with BPHC's Bureau of Recovery Services, the Boston Health Care for the Homeless Program (BHCHP), the Massachusetts Department of Public Health, and about a dozen other

community partners including businesses and universities. The Engagement Center offers PWUD and those experiencing homelessness a low-threshold space to

spend the day off the streets. The EC provides police officers, street outreach workers, and other service providers a place to connect PWUD with services and supports. PWUD, multiple partners, and community members' involvement in its design and operation bolstered the Engagement Center's success.

**FIGURE 4**

***A Framework for Harm Reduction Engagement***





## DESIGN: HARM REDUCTION SERVICES

Engagement with PWUD and your local community, as described in the Engage section of this toolkit, should shape the design of your harm reduction services. In the design stage of developing your harm reduction services, you will plan how to translate the principles of harm reduction into practice. This section of the toolkit will provide information about designing services that are low-threshold, share skills and knowledge with participants, and link participants with their desired services.

### ELIMINATING BARRIERS TO SERVICES THROUGH LOW-THRESHOLD PROGRAMS

The harm reduction model rejects the premise that a client must stop all drug use to have their medical or mental health needs met. If fully enacted, this requirement would effectively exclude people who use drugs from all but emergency care. Therefore, low-threshold services are important for meeting the needs of this population and other PWUD experiencing significant barriers to care.

Low-threshold programs use strategies to minimize barriers and accelerate access to services. Common barriers that low-threshold programs look to dismantle include requirements for abstinence, long intake or assessment processes, strict behavioral requirements, inaccessible locations, and inconvenient hours. The concept of a zero exclusion policy aligns with low-threshold programs:



*Appendix E, [page 52](#), includes a list of practical services that you'll want to consider for harm reduction program planning:*

Syringe services

Safer injection education and supplies

Drug checking

Harm reduction practices for sex workers

Overdose prevention  
Wound care

programs don't turn away people from services, instead programs give people the support that they need to use the service.

Harm reductionists are also committed to helping PWUD access their services as often as needed, even if they must take services to them. Table 3 lays out common barriers to services and how low-threshold substance use treatment strategies can address those barriers.

**TABLE 3**

***Traditional Service Barriers Compared to Low-Threshold Services***

<b>SERVICE BARRIERS FOR PWUD</b>	<b>LOW-THRESHOLD SERVICES</b>
Lengthy intake process requiring documents and more than one visit	Rapid intake with few requirements
Access to MOUD treatment requires assessments and testing	Access to MOUD treatment at intake
Multiple services in multiple locations makes it hard for people to keep track	Co-location of services like MOUD, primary care, others
Limited hours; providers available by appointment only	More extensive hours; drop-ins welcome
Abstinence from drug use required	No requirements for abstinence, allowing people to come as they are
Strict policies about behavior and keeping appointments	Flexible policies; people receive the support they need to take part in services
Punitive policies, including termination over small violations, making it more difficult to maintain access to the service	Zero-exclusion policy: Staff provide the support the person needs to succeed in the service
No harm reduction services on-site	Harm reduction services offered on-site

See Appendix B, [page 45](#), for actionable tips for designing low-threshold services.

## PROVIDING EDUCATION TO REDUCE HARM AND PROMOTE SAFETY

Harm reduction programs spend time educating participants on practices that promote safety. For example, SSPs educate participants on safer injection practices, which can reduce the risk of infection, injury, and scarring. Since most people lack formal education on how to inject safely, trial and error can lead to health risks and painful outcomes.

Harm reduction programs also offer overdose prevention education. Anyone—whether experienced or first-time user—who uses illicit opioids is at risk of overdosing. These are common overdose prevention strategies:

- Use naloxone to reverse overdoses
- Do not use alone
- Buy from the same dealer
- Mix and fix your own shots
- Use only one drug at a time
- Start slow and with small doses
- Monitor your tolerance

Harm reduction programs also recognize the risk of HIV and other infectious diseases associated with substance use. Providing access to education, testing, and treatment can reduce the risks of infection.

For individuals who engage in sex work or survival sex, education on risk reduction strategies can help protect them; for example:

- Use buddy system and carry a cell phone
- Carry a handbag with supplies for safe sex and self-defense
- Screen and negotiate with customers
- Choose clothing and accessories that support safety
- Minimize substance use while working

See Appendix E, [page 52](#), for more details on harm reduction education and practices.

Over time, who you serve and how they use drugs may change. Your harm reduction program should regularly monitor for these changes and work with PWUD to make sure that the education and services you offer are responsive to your community's evolving needs.

## LINKING PEOPLE TO PREFERRED SERVICES AND RESOURCES

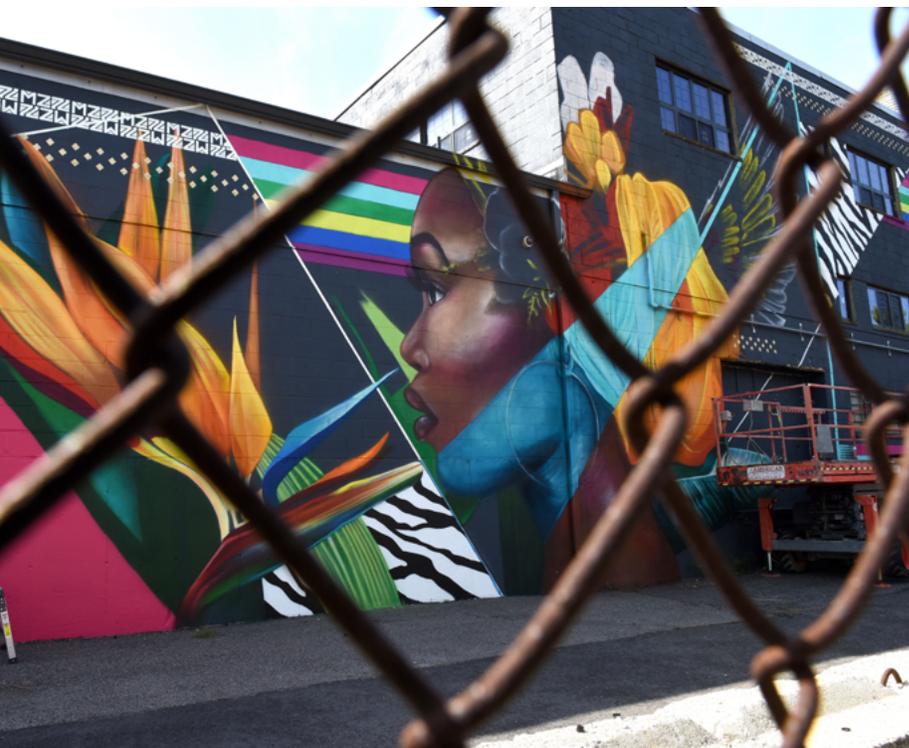
Linking an individual to services consists of more than giving a referral to a neighborhood clinic. Linking involves helping a person choose a preferred service and providing support until the person is well-connected to the service. Support may include going to the new program

with the individual until they are more comfortable, or offering a taxi voucher for transportation. Some programs call this task *case management*, *service navigation*, or *care coordination*. Harm reduction providers use a shared decision-making process to help people select the services or resources that they prefer to use.

Each person participating in harm reduction services has different goals and needs. Harm reduction programs offer PWUD opportunities to identify their own needs and desires and choose the program or service provider that best matches their preferences. A provider presents options available to the person at the time, including weighing the pros and

cons of continuing current patterns of use versus trying other strategies. Promoting informed decision-making helps individuals choose services that fit their needs. To see an example of a decision support tool, visit SAMHSA's web page, [Decisions in Recovery: Treatment for Opioid Use Disorder](#). Often, PWUD are hesitant about accepting health care due to the traumatic experiences and discrimination that they have faced. Asking PWUD to share their decision-making process can help you understand the barriers they face, and will get you closer to helping them achieve their goals.

In terms of resources, harm reduction programs often spend a large portion of their budget on supplies that PWUD, people experiencing homelessness, and people engaged in sex work need to survive. They are well-stocked with syringes of different sizes, cookers, cotton balls, sterile water, and everything else needed for safe injection. They have inner and outer condoms and lubrication to reduce risk of sexually transmitted infections (STIs). PWUD also often need food, clothing, and shelter that the program may not provide directly. Typically, harm reduction programs are well-connected to services that do offer these resources.





## **DELIVER: HARM REDUCTION APPLICATIONS AND PROGRAM EXAMPLES**

Harm reduction principles and practices can be applied across a range of settings and services. Programs applying harm reduction practices in Boston range from those offering low-threshold access to care for PWUD such as the Engagement Center, to those that distribute risk reduction supplies like Fenway Health or AHOPE, and a variety of organizations and programs in between. In this section of the toolkit, we present different approaches you can adopt to offering harm reduction services on the street, at fixed sites, or within health care, housing, and social service settings.

See Appendix F, [page 66](#), for descriptions of several programs in Boston that offer syringe services, along with promising practices for low-threshold harm reduction services. Contact information for these programs is available in Appendix G, [page 73](#).

### **HARM REDUCTION ON THE STREET**

Outreach services are one of the most effective ways of bringing harm reduction to the street, often helping people experiencing homelessness get the medical care, social support, and harm reduction services they need to survive. People who are living outside have a unique set of needs due to the various conditions and behaviors that they live with or engage in. For example, individuals who engage in survival sex or are survivors of sexual exploitation have a unique set of needs, needs that become more unique if they are also using substances and are unhoused. Over time, outreach services in the City have adapted to meet these unique needs.



Boston has four full-service drug user health programs:

1. AHOPE or Access, Harm Reduction, Overdose Prevention and Education
2. Victory Program's Drug User Health Services
3. Fenway Health's Access: Drug User Health Program
4. Project TRUST

All programs offer the following services:

- Integrated HIV, HBV, HCV, and STI testing
- Free, legal, and anonymous needle exchange
- Supported referrals to HIV, hepatitis, and STI treatment, and medical care
- Overdose prevention education and training
- Risk reduction supplies to reduce the spread of HIV and hepatitis C infection
- Risk reduction counseling
- Supported referrals to all modalities of substance use treatment

Another innovative mobile street outreach service is the Community Care in Reach van (formerly known as the CareZone van), a mobile health unit ran by the Kraft Center for Community Health at Massachusetts General Hospital in partnership with BHCHP

and AHOPE. Community Care in Reach takes physicians and harm reductionists to the street to provide an array of harm reduction services, in addition to primary health care and addiction treatment.

To find a full list of SSPs in Massachusetts, both mobile and fixed site, go to [Syringe Service Program Locator](#).

## **FIXED SITE HARM REDUCTION SERVICES**

The City has several fixed sites that offer services and support to PWUD. These sites offer people who have difficulty accessing other spaces a place to be and feel welcomed. The Boston Public Health Commission's Engagement Center is a low-threshold space that offers basic resources, medical services, enrichment activities, and referrals to other services.

Another harm reduction program offers specialized services for people who are over sedated from the use of drugs. Run by the Boston Health Care for the Homeless Program, a Supportive Place for Observation and Treatment, or SPOT, offers medical monitoring and support for individuals who are over sedated and at a high risk of overdosing. SPOT serves as an entry point for engagement, providing connections to primary care and SUD treatment on-demand. Since opening in 2016, the program has recorded over 800 unique participants in more than 7,100 encounters.

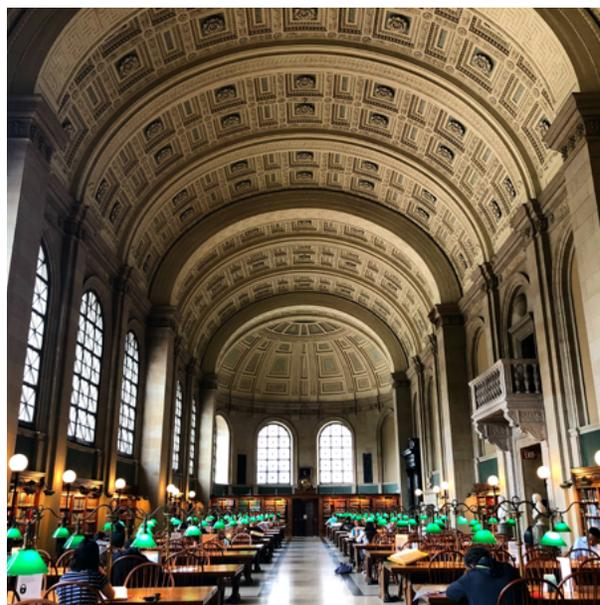
## HARM REDUCTION IN HEALTH CARE

Many of Boston's hospital systems and health centers have incorporated harm reduction approaches and services. While the emergency department (ED) is a key clinical arena for addiction medicine, only a few EDs have incorporated harm reduction practices into their clinical care. This is despite the rise in drug-related ED visits and increasing evidence supporting harm reduction interventions that reduce opioid overdose deaths. Research suggests that ED physicians are very willing to provide harm reduction services, but they encounter barriers to providing the services in the moment.<sup>26</sup> Another barrier to rolling out harm reduction services is stigma about treating PWUD among healthcare providers themselves.<sup>27</sup> Initiatives like Get Waivered, which started at Massachusetts General Hospital, work to bring providers on board who can integrate substance use care into the healthcare system.

*Bridge clinics* are low-threshold clinics offering transitional health care to PWUD with the goal of connecting them to long-term, community-based treatment. These programs can offer a range of harm reduction services and immediate entry to medication management for people with opioid use disorders. Massachusetts General Hospital's Bridge Clinic, for example, is a low-threshold outpatient clinic for patients recently discharged from inpatient and emergency care.

Boston Medical Center (BMC) offers multiple low-threshold programs for people with SUD:

- **Faster Paths to Treatment:** BMC's substance use disorder urgent care center provides rapid entry to a network of care, including inpatient and outpatient detox, treatment, and aftercare services. People receive an assessment for medication-assisted treatment (MAT), plus follow-up with a licensed alcohol and drug counselor; access to BMC case management and community-based support services from recovery specialists with the Boston Public Health Commission PAATHS (Providing Access to Addictions Treatment, Hope and Support) program; and opioid overdose education and Narcan rescue kits.



- **Project RESPECT** (Recovery, Empowerment, Social Services, Prenatal care, Education, Community and Treatment) is a high-risk obstetrical and addiction recovery medical home at BMC. Project RESPECT provides a unique service of comprehensive obstetric and SUD treatment for pregnant women and their newborns in Massachusetts.
- **Project ASSERT** (Alcohol & Substance Abuse Services, Education, and Referral to Treatment) helps Emergency Department patients who demonstrate risky alcohol and drug use behavior to access treatment and care. Health promotion advocates who are licensed alcohol and drug abuse counselors staff Project ASSERT and work with BMC clinicians. These counselors offer alcohol and drug screening and intervention, as well as connection to services such as substance use treatment, insurance coverage assistance, transportation, primary care, and temporary housing.
- **SOFAR** (Supporting Our Families through Addiction and Recovery) is a medical home in the pediatric primary care clinic for parents who are in recovery and their children. SOFAR provides ongoing support for families to enhance child development as well as ongoing support for recovery with access to specialty care and social services. SOFAR works to coordinate

infants' primary care visits with any additional care that parents and babies need to minimize the number of visits they must make.

Boston HealthNet, a network of 14 Community Health Centers located throughout Boston neighborhoods, has also implemented harm reduction. These CHCs offer integrated health care with other community partners providing outreach, prevention, primary care, specialty care, and dental services. While all community health centers offer treatment services to people with SUD, some have developed low- threshold access to Medications for Opioid Use Disorder. In addition to medication management, these CHCs provide recovery coaching, optional psychotherapy, psychopharmacology, peer-support, and psychoeducation groups. For example, Codman Square Health Center in Dorchester offers low-threshold access to MOUD, an array of addiction treatment services, and integrated HIV care.

## **HARM REDUCTION IN HOUSING PROGRAMS**

Housing of all types is a limited resource in Boston. In January 2018, Mayor Martin J. Walsh launched Boston's Way Home Fund with a goal of raising \$10 million to create 200 new sustainable, permanent supportive housing units for people experiencing long-term homelessness. Essential to ending homelessness is a commitment to outreach and engagement that meets individuals

“where they are.” Fulfilling this commitment requires harm reduction approaches that keep people as safe as possible while they are experiencing homelessness. Additionally, several shelter and housing providers offer low-threshold, permanent supportive housing programs so that abstinence is not a barrier to stable housing.

For example, the Pine Street Inn offers low-threshold housing options for people experiencing long-term homelessness with substance use and mental conditions. The program provides comprehensive, intensive case management using a Housing First model. Housing First approaches provide a person with immediate housing without first requiring engagement in treatment services or abstinence from alcohol and drug use. Housing First approaches have eviction prevention structures in place, so that residents have needed supports to remain in housing. When carried out with fidelity, Housing First programs use harm reduction-informed approaches when working with residents. These programs recognize that alcohol and drug use may be a part of residents’ lives, and provide counseling about safer use in a nonjudgmental manner. In this model, substance use is not a reason for eviction without other lease violations. Studies show that Housing First services increase housing tenure and promote engagement in other health and social services, further



bolstering the strong evidence base in favor of harm reduction.<sup>28, 29, 30</sup>

Housing and homelessness programs are well-positioned to provide harm reduction services across their continuum of services—street outreach, emergency shelter, and permanent housing solutions. Housing programs can best meet the immediate and long-term needs of residents by tailoring services and supports to residents’ individual goals, and by providing person-centered, nonjudgmental engagement to set these goals and preferences. In addition to helping residents stay safe when using drugs, these programs often work with residents on shared decision-making about a range of supports, such as education, employment, health care, and other social services. Over time, this approach can enhance a person’s housing stability and ultimately their overall health and well-being, thereby providing a firm foundation for recovery.



## EVALUATE: COLLECTING AND REPORTING PROGRAM EVALUATION DATA

Harm reduction programs focus on the mission of reducing death, illness, and other harms that can be caused by the spectrum of drug use. They aim to make sure that their services reach those who need them. To evaluate their effectiveness at achieving this mission, programs turn to data and feedback from PWUD and the organizations that they partner with. Overall, this focus on outcomes has contributed to the strong evidence base in favor of harm reduction services.

Furthermore, harm reduction programs incorporate an equity lens to make sure that the population they serve experiences outcomes proportionately. It is critical to assess if all portions of the target population are experiencing equal benefits. Disaggregating data by race, gender identity, and sexual orientation can help assess if your program is providing services equitably.

Program evaluation or reporting data are often funding requirements for harm reduction programs. Just like harm reduction service delivery, harm reduction program evaluation must be practical and should engage program participants. The Centers for Disease Control and Prevention (CDC) has a useful how to guide for programs designing and implementing evaluation processes, the [\*Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide\*](#). In addition, NASTAD (National Alliance of State and Territorial AIDS Directors) offers its [\*Data to Care Program Process and Outcomes Evaluation Tool\*](#), which seeks to identify individuals who are not engaged in care with health and social services.

Although it is imperative that programs evaluate their effectiveness and their reach, there should be a limit to the requirements needed for collecting participant data. In an effort to maintain a low-threshold, low-barrier approach, only the essential information should be required of participants (age, demographics, etc.). Otherwise, asking participants to provide more substantial information adds a barrier to accessing services.

A *developmental evaluation approach* might be a useful strategy for harm reduction programs. When using a developmental evaluation framework, programs collect real-time feedback to inform real-time adaptation. A developmental evaluation approach is flexible and adaptive, making it conducive to innovation for programs that are dealing with evolving and uncertain contexts, attempting to change systems, and engaging diverse stakeholders.

Developmental evaluation also aligns well with community-based participatory research strategies that focus community voices and leadership on program design, delivery, and refinements. [\*A Practitioner's Guide to Developmental Evaluation\*](#) from the McConnell Foundation outlines key practices for program consideration.

Appendix H, [page 75](#), walks through a process for basic program evaluation, provides examples, and offers resources for more learning.





## CONCLUSION

In recent years, the opioid epidemic has shifted national attention and resources toward urgent public health solutions for reducing the harms of substance use. Substance use and the criminalization of drug use have long affected communities in Boston and beyond, especially communities of color marginalized by persistent racism.

PWUD continue to face stigma and marginalization within traditional care settings. Increasingly, we understand harm reduction to be an essential engagement strategy within a continuum of substance use prevention, treatment, and recovery. Across the City of Boston, many agencies have embraced harm reduction. To continue transforming services and systems for PWUD at scale, however, it is critical to expand harm reduction across settings that provide health care, homeless services, housing, and other supports. This toolkit aims to help stakeholders take steps forward to understand, design, deliver, and evaluate harm reduction services. When implemented as intended, harm reduction programs are community-driven, person-centered, and equitable, and they succeed in reducing risks and saving lives.



## APPENDIX A. COMMUNICATION AND LANGUAGE IN HARM REDUCTION SERVICES

Communication skills are the tools that harm reductionists and others use to engage and connect with PWUD. This relationship is critical to providing effective harm reduction services. Communication involves the transmission of meaning and feeling through a complex interplay of word choice, tone and volume of voice, body language, and facial expression.

Language is powerful. It shapes how we view the world: our attitudes, our beliefs, and ultimately our reality. Because of this, it is vital that we use language that is respectful, empowering, and supportive. As certain words become associated with traditionally negative connotations, they can become toxic. It is imperative as providers that we continue to evolve our language as necessary to communicate respectfully and with dignity for the people we serve. Here are more empowering alternatives to commonly used words or terms:

INSTEAD OF...	USE...	INSTEAD OF...	USE...
<b>Addict</b>	Person with a substance use disorder	<b>Drug offender</b>	Person arrested for drug violation
<b>Drug user</b>	Person who uses drugs	<b>Tested dirty</b>	Tested positive for substances
<b>Alcoholic</b>	Person with alcohol use disorder	<b>Clean</b>	In recovery
<b>Schizophrenic</b>	Person with schizophrenia	<b>Substance abuse</b>	Substance use
<b>Suffering with</b>	Experiencing, living with, recovering from	<b>Former addict</b>	Person with lived experience, person in recovery
<b>Resistant</b>	Chooses not to, not open to	<b>Dirty needles</b>	Used syringes
<b>Relapse</b>	Recurrence of symptoms		

Harm reduction approaches communicate respect by using nonjudgmental and trauma-informed strategies. These tips for communicating respect and compassion to PWUD are helpful in engaging PWUD in harm reduction and other health services:

	Listen. Say less. Listen.
	Paraphrase. Repeat in fewer words your understanding of what the person has said.
	Reflect or mirror words or emotions. So, if the person says, <i>“Nothing has worked for me,”</i> you might respond, <i>“Nothing has worked?”</i>
	If you initiate anything, be sure to use <i>“I”</i> statements, for example: <i>“I feel worried because you don’t look well”</i> or <i>“I think there may be other options.”</i> These statements will let them know that you’re concerned without sounding accusatory. Make sure to pay attention to your tone, so that you can meet them with kindness and compassion.
	Label feelings. Reflect on the obvious emotion the person is expressing. When an individual is having trouble regulating emotions, it may be more useful to focus on emotions than on the content of the issue: <i>“It sounds like you’re feeling really distressed. Would you like to share why?”</i>
	Use open-ended questions to allow the person to tell their story.
	Allow time for silence.



## APPENDIX B. KEY COMPONENTS OF LOW-THRESHOLD PROGRAM DESIGN

Low-threshold spaces welcome all who want to take part in the service. Programs balance their hospitality mission with maintaining safety in the space. Low-threshold spaces are spaces that are welcoming, demonstrate a safe environment, and provide some degree of privacy, while at the same time making it possible for staff to oversee guests' behavior.

Train all staff to observe behavioral indicators of agitation and know strategies for helping to de-escalate situations when necessary. Train security staff in hospitality skills, in addition to behavior management skills and crisis intervention. The physical environment, welcoming messaging, and skilled providers work in concert to provide easily accessible services. Low-threshold spaces do not have restrictive requirements, and this approach greatly increases the amount of people who will receive services. For example, low-threshold spaces do not

have strict requirements for time-of-entry, such as appointment-only services, and do not have restrictive security practices, such as bag searches. Staff need to possess a high degree of empathy and feel a strong commitment to the work's mission. This work requires us to accept individuals where they are—not where we want them to be.

While low-threshold spaces and programs (other than safe consumption sites) ban on-site drug use, they welcome people experiencing the effects of alcohol or drugs.

Low-threshold also refers to the amount of support that providers are willing and able to offer so that the person can successfully use the service. While most medical services give support in terms of making a reminder phone call or texting so that people don't miss their appointments, low-threshold programs are willing to do more to support participation in the

program. For example, an outreach nurse at the Boston Health Care for the Homeless Program will deliver medication to a person who is experiencing homelessness, mental health disorders, and has cognitive deficits because that is the level of support the person needs to reliably take needed medication.

Another example is the Engagement Center, where staff build relationships with all individuals using the space, allowing for more fruitful interactions, and occasionally allowing a warm hand-off to whatever service people may need. Low-threshold programs often adhere to the philosophy of doing whatever it takes to help a person benefit from the service. Such approaches also reflect equity principles by adjusting program practices to help individuals overcome specific barriers to accessing care.

These are recommendations for the physical design of low-threshold spaces:

- Reduce or remove known adverse stimuli, like television news
- Reduce or remove environmental stressors, like irritating noises and harsh lights
- Provide and promote connectedness to the natural world through plants, flowers, and photographs
- Provide separate space for people experiencing distress
- Make facilities aesthetically pleasing, not institutionally sparse, but keep visual complexity to a minimum. Visual complexity is influenced by factors such as the irregularity, detail, dissimilarity, and quantity of objects; the asymmetry and irregularity of their arrangement; and variations in color and contrast.
- Ask staff and volunteers to avoid clutter, such as piles of paperwork or stacks of supplies or boxes, that may distract or irritate residents or clients

## Checklist

*Low-threshold programs (LTPs) try to make accessing services easy for people who are unable to access services at higher threshold levels. When designing a low-threshold service, consider these program characteristics for reducing barriers to using your services:*

**ACCESSIBILITY.** *An LTP has*

- + A central location
- + Extended hours of service
- + Walk-in appointments available
- + An open entryway
- + Immediate greeting
- + No limitation on the number of daily visits
- + No requirement for identifying documents

**REQUIREMENTS.** *An LTP has*

- + Very few requirements for participation
- + No requirement for abstinence to take part
- + No requirement for taking psychiatric medication
- + Assistance available for the intake process
- + Few and essential behavioral requirements (for example, no violent actions or language)
- + Support for meeting behavioral requirements
- + Low demand on behavior change
- + Minimal requirements for data collection
- + For SSPs: No requirement for syringe exchange

**ENVIRONMENTS.** *An LTP has*

- + Features of hospitality
- + Safe public and private space
- + Security staff who are supportive and low-key
- + All staff contributing to the security of the space
- + Outreach in the community

**SERVICES.** *An LTP has*

- + Rapid access to desired services (for example, MOUD, housing services, health care)
- + A range of services, including harm reduction
- + Services delivered by a multidisciplinary network of medical and social service providers

**NETWORK.** *An LTP is*

- + Connected to a multidisciplinary network of medical and social service providers
- + Connected to multiple stakeholders and systems such as community organizations and law enforcement



## APPENDIX C. PREPARING FOR A COMMUNITY MEETING

Use these practical tips to develop strategies for hosting community meetings with neighbors about your harm reduction program.

- Identify common ground. *We all want to reduce drug overdoses. We all want to improve access to health care and SUD treatment. We all want our neighborhoods to be safer.*
- Find people or groups with similar missions. Is there an opioid task force in the neighborhood? A neighborhood watch group?
- Create written materials that clearly outline your program in terms of mission, operations, locations, and employees. Written materials should be brief, written in everyday language of the community, and carry a positive message.
- At the beginning of the meeting, let people know that you are there to answer questions and respond to their concerns.
- Keep the message brief and to the point. Start with common ground and connect your presentation to your shared goals.
- When a community member expresses a concern, demonstrate your understanding of the statement before responding with your perspective.
- Use personal testimonies about the benefits of harm reduction services. People who use harm reduction services and family members can share stories about their experiences.

- Give examples of success. Stories about how programs or services have helped other individuals can be powerful and persuasive. Be sure to ask permission and maintain anonymity when seeking to use examples about others.
- Do not argue with a person's beliefs or experiences. You can, however, acknowledge their point of view, state relevant facts, and express your personal beliefs about the rights of PWUD to access services and health care.
- Prepare for community meetings. Bring colleagues or partners to help with the presentation. Choose people who can stay level-tempered under pressure and communicate the message.

Even before the first engagement with community members, there may be strong negative ideas and beliefs about harm reduction services. Here are several common negative viewpoints about harm reduction services along with potential responses.

NEGATIVE VIEWPOINT	POSSIBLE RESPONSE
<i>“Syringe services program will increase crime in the neighborhood.”</i>	<i>Research has shown that SSPs do not increase crime, and provide a wealth of other benefits.<sup>6,7</sup></i>
<i>“There will be dirty syringes in our children’s playground.”</i>	<i>SSPs protect the public and first responders by providing safe needle disposal and participate in syringe collection, reducing the presence of needles in the community.</i>
<i>“I don’t believe in harm reduction. All you are doing is enabling drug use.”</i>	<i>I can understand why you think that, but harm reduction services actually increase engagement with treatment.<sup>31,32</sup> Harm reduction services allow individuals to get whatever care they need, whenever they are ready. We provide access to resources regardless of where someone is in their use.</i>
<i>“It’s going to put more drugs on our streets, not less.”</i>	<i>Drug use is going to happen regardless of if harm reduction services are available or not. By providing safer use supplies, you are not encouraging drug use, you are simply giving people the tools to be as safe as possible if they choose to engage with substances.</i>

Other issues raised may be more complex and harder to address. There may be strong moral opposition based on firmly held religious beliefs about drug use and sexual activity. These viewpoints may not change in the span of one meeting with community members, but change can happen and stigma can shift. Listen to individuals’ concerns while explaining how harm reduction protects lives of those in your community.



## APPENDIX D. HARM REDUCTION FREQUENTLY ASKED QUESTIONS (FAQ)

### ***What is harm reduction?***

Harm reduction is a set of practical strategies and ideas aimed at reducing the public health risks associated with drug use. Harm reduction calls for the nonjudgmental, noncoercive provision of services and resources to people who use drugs, and the communities in which they live, to assist them in reducing harm. Harm reduction is not the opposite of recovery. In fact, many find recovery through this more patient and sustainable route.

### ***What services do harm reduction programs provide?***

Harm reduction services in Boston are a primary delivery vehicle for health care for people who use drugs, especially those experiencing homelessness. These services are healthier and safer for individuals and neighborhoods because they provide sterile syringes and syringe disposal, safer use supplies, access to on demand HIV and HCV testing, health education classes, street outreach, referrals to mental health and substance use treatment, and other social service needs.

### ***Won't giving syringes to people who inject drugs encourage them to use more drugs?***

No. People are going to use drugs regardless of if SSPs exist or not. Giving someone a sterile syringe is not going to encourage them to do anything but be as safe as possible.<sup>34</sup>

In the absence of sterile syringes, people will reuse or share syringes, putting them and others at risk for infection or diseases such as HIV. People who engage with SSPs are also more likely to enter treatment and to report a decrease in drug use.<sup>32</sup>

***Won't letting drug users congregate at a drop-in syringe exchange program increase crime rates in the neighborhood?***

No. Research shows that syringe exchange programs do not increase neighborhood crime rates.<sup>2</sup> In fact, these programs benefit community health and safety by ensuring that contaminated syringes are properly disposed rather than discarded on the streets.<sup>6, 7, 8</sup>

***What should I do if I see a syringe on the street?***

The City of Boston has a comprehensive syringe collection plan. If you see a syringe in a public space, call the Mayor's Hotline at 3-1-1. Give the location of the needle(s) with as much detail as possible. The Mobile Sharps Team will find and collect the waste.

***What should I do if I see a person unconscious near my business?***

- Call 9-1-1 immediately. Give your exact address and state that a person is unconscious.
- If you have Narcan, and you know that it is an overdose, you can use it to reverse

the opioid overdose. The Boston Public Health Commission offers

- [Online Overdose Prevention Training](#). Overdose prevention education is vital to the health and safety of the Boston community.

***Why spend money on harm reduction and syringe exchange instead of treatment programs?***

The City of Boston has an estimated 35,000 people with an opioid use disorder, many of whom are people who inject drugs. With such high numbers of injection drug users, Boston is at risk for increased rates of HIV and HCV. The average lifetime cost of medical care for each new HIV infection is nearly \$400,000, and a single hospitalization for endocarditis (a serious heart infection that can be transmitted through injection drug use) costs over \$50,000.<sup>35</sup> In addition to the reduced risks for infection, sterile syringe exchange programs facilitate greater access to treatment for substance use disorders and other health conditions. These programs provide a crucial entry point into medical care, rehabilitation, and mental health treatment.

***How does law enforcement approach harm reduction and syringe services programs?***

Most law enforcement officers in Boston see harm reduction as essential in preventing infections and controlling syringe waste in the City. Syringe services promote pathways



into treatment, as well as proper syringe disposal, reducing the risk that any law enforcement officer or citizen will be accidentally stuck by a needle. Syringe service programs work in partnership with local law enforcement officers to best serve the people making use of the programs.

***How can I ready my business in the event of an overdose on site?***

People everywhere use drugs, and often are mobile, going in and out of various businesses. Depending on the goods or services you offer, you may have more opportunities to witness an opioid overdose.

The restroom is a convenience that all service-oriented companies want to offer their customers. Whether a food service or an auto collision repair service, customers may need to use restrooms during their visits. Restrooms are often the only private space for employees and customers, and are an environment of concern for overdose. Some companies have reacted by closing restrooms to customers entirely, but this move shuts off an important public health service of restroom access.

For businesses that want to provide the hospitality of a restroom, the following strategies put harm reduction into practice while reducing the risk of overdose:

- Have a key to the restroom with a 5-minute timer for return
- Install a reverse motion detector that alerts staff to no motion after 2 minutes; to learn more, go to [How Technology Is Rapidly Advancing Overdose-Resistant Bathrooms](#)
- Have a company policy of frequent checking
- Have a restroom host for big venues
- Have Narcan in an easily accessible place, and institute an overdose policy so that all employees are aware of how to react

***When I meet a person struggling with substance use, what should I do?***

You can refer the person to [PAATHS—Providing Access to Addictions Treatment, Hope and Support](#)—a Boston Public Health program that links people to needed services. Calling 3-1-1 will also connect you to PAATHS during the day.



## APPENDIX E. KEY COMPONENTS OF SSPs AND OTHER HARM REDUCTION SERVICE DELIVERY

Harm reduction services are frequently accessed in the community through syringe services programs (SSPs), also known as *needle exchange programs*. These programs acknowledge that substance use is a part of our world, and rather than condemn or ignore it, they focus on supporting use in the safest way possible.

The goal of SSPs is reducing risk associated with substance use and preventing the spread of disease. They provide nonjudgmental, compassionate services, focusing on meeting a person where they are. This approach is rooted in the understanding that traditional, abstinence-only services typically deter individuals from using those services. SSPs provide a wide range of services that include supplies, education, and referrals to treatment and support services.

Although sobriety is not the implicit goal of harm reduction, research shows that these programs offer a safe place for people to explore treatment options when they are ready to do so. According to the CDC, people who engage with SSPs are three times more likely to stop injecting drugs than those who do not.<sup>36</sup>

From design to implementation to evaluation, work with people who use drugs themselves to shape and develop your harm reduction program. This practice will make sure that the services you offer are responsive to the needs of your local PWUD population. As the substance use and demographic patterns around you change, adapt your service modalities to reduce the harms of your community's evolving characteristics of drug use.

## Identify Funding

Starting a syringe services program (SSP) requires a significant amount of funding. Where you get those funds will be up to you and what is currently available. With the recent settlements of pharmaceutical companies and the President endorsing harm reduction practices, we are seeing more funding than ever before for SSP operations. The four main areas in which you will receive funding are as follows:

- Private
- City
- State
- Federal

Before identifying which funding you would like to pursue, you will need to assess what approval is needed based on the funding requirements.

- If you are being funded **privately**, you do not need to get approval from your local city/town and board of health to operate.
- If you are being funded by a **City** entity, you must obtain approval from your local city/town and board of health.
- If you wish to request funding from the **State, the city or town** board of health and/or health department must approve syringe services and submit an official letter documenting

approval to MDPH before syringe services can be provided.

- If you are being funded **Federally**, you must complete a needs assessment in consultation with the CDC and provide evidence that your jurisdiction is (1) experiencing, or (2) at risk for significant increases in hepatitis infections or an HIV outbreak due to injection drug use.

When identifying funds, ensure that you are able to complete the necessary steps to both obtain and maintain those funds. Most funders have requirements for data collection, how money can be spent, where you can operate, etc., and you will need to decide realistically what you are able to do.

### Example:

If you are funded by the State, you will need to offer a specific and comprehensive range of drug user health services; comply with data collection requirements; and coordinate with the city/town on service provision including, but not limited to, syringe collection and disposal activities.

If you are using federal funding, you cannot use that funding to purchase syringes.

Finding funding can seem overwhelming, but there is plenty of technical assistance to help you on your journey of becoming an SSP.

In Boston, you can contact the Ryan White Services Division of the Boston Public Health Commission who will give you a comprehensive overview of requirements for services, spending, and data collection and reporting.

For information on feasibility of becoming an SSP outside of Boston but within the state of Massachusetts, you can contact the Office of HIV/AIDS at the Massachusetts Department of Public Health. For a full list of the cities and towns in Massachusetts that have been approved to establish a SSP, please see the [Syringe Service Program locator](#).

The CDC provides a [site](#) specifically on SSPs, including information regarding requirements, funding, best practices, and a center dedicated to [Harm Reduction Technical Assistance](#).

### **Assessing Risks**

Assessing risk allows providers to target education and harm reduction strategies while meeting each person's individualized needs. Evaluate an individual's risks regularly and collaboratively throughout their engagement with services—during intake and subsequent visits—as individuals' needs and behaviors will change. Assess and address potential risks, including include those associated with alcohol and drug use, infectious diseases, intimate partner or community violence, and health concerns. Programs can identify risks formally by using validated instruments,

or informally through conversations about high-risk behaviors.

Most often in harm reduction programs, staff conduct assessments informally and during routine interactions. Harm reductionists will ask questions, outlined here, to assess the person's risks and understand how they might help.

### **Harm Reduction Assessment**

#### **The Drug**

- What drug(s) is the participant using?
- What is the route of administration?
- Any news about potency or adulterants in the supply?

#### **The Setting**

- Is the participant using with others?
- Are they using in a safe place where Narcan is available?
- Do they have all the supplies they need to use safely?

#### **The Person**

- Is the participant physically healthy?
- What is the participant's tolerance?
- What is the participant's "headspace"?
- How are their arms or other injection sites?
- How does the participant's identity affect their use? Consider the participant's age, housing status,

gender and sexuality, documentation, work status, race, ethnicity, language, and indigenous status.

These questions are a starting point to help make sure that the person gets the information and supplies they need to stay safe. In addition, these questions will help you assess your community at large, and the answers will inform how you identify and deliver needed services for your program.

### **Supplies for Safer Use**

SSPs offer new equipment, such as the items listed here, to promote safer use and reduce the risk of transmissible diseases:

- New syringes
- Bleach kits
- Cookers
- Cottons
- Ties or tourniquets
- Sterile water
- Vitamin C (to dissolve crack)
- Rubber tips (for pipe)
- Chore Boy (filter for crack stem)
- Lip balm (to prevent lips from cracking and bleeding)
- Pipes (both for crack and meth)
- Antibiotic

- Band-aids, Gauze
- Alcohol Wipes

To purchase this equipment, harm reduction programs often use multiple different funding streams to pay for the various items on this list. Many of these programs work with the International Drug Users Health Alliance at <https://iduha.org/harm-reduction-supplies>. This site can help programs get most of these listed supplies that they cannot acquire through a typical pharmacy.

In addition, the National Harm Reduction Coalition produced a comprehensive publication, [\*Guide to Developing and Managing Syringe Access Programs\*](#), which describes how to start a syringe services program.<sup>24</sup>

Outside of safer use supplies, SSPs often distribute safer sex kits that contain condoms (both inner and outer), lubricant, dental dams, and often distribute feminine hygiene products as well.

### **Syringe and Needle Disposal**

SSPs promote the safe disposal of used needles and syringes. According to CDC, communities with SSPs saw 86 percent fewer sharps in public spaces such as parks when compared to those without.<sup>36</sup> SSPs may give a small sharps container for used supplies, or people can use any bottle with a screw-top, such as a laundry detergent bottle. SSPs also notify participants of

available disposal sites in the community. These are options for safe disposal:

- Biohazard containers located outside homeless shelters
- Biohazard containers mounted inside many public restrooms
- Most community health centers and hospitals
- [Boston Drop-Off Sites](#)
- A few local pharmacies

If a person is unable to dispose of a needle properly, encourage them to put it in a sealed soda bottle or other capped container before throwing it away. People may be stuck by loose sharps if they are left open in the trash.

If resources allow, SSPs should conduct regular sweeps in the neighborhoods where they operate to collect discarded syringes. Collecting data on the location and volume of syringes collected can help identify areas in need of safe disposal containers.

### **Safer Injection Education**

SSPs spend time educating participants on safer injection practices. Most people do not have a formal education on how to inject safely, so there can be a lot of trial and error. This experimentation can result in risks to one's health, not to mention lost shots and painful outcomes. These are potential health complications from unsafe injection practices:

- **Abscesses:** Painful swollen area at injection site filled with pus that may lead to infection
- **Cellulitis:** Bacterial skin infection that can spread, becoming life-threatening if left untreated
- **Endocarditis:** Infection of heart valves from bacteria that enter the bloodstream through needles and skin that were not properly cleaned
- **Cotton fever:** Infection caused by bacteria in cotton used for preparing a shot
- **Vein collapse:** Repeated use leads to the collapse of the vein so that blood flow is no longer available, which in turn leads to injection in unsafe areas of the body

Safer injection practices such as these reduce the risk of infection, injury, and scarring:

- Find a space to use that is well-lit and where you won't be interrupted, so you can take your time.
- Wash your hands and use an alcohol pad to clean the injection site. One swipe of an alcohol pad is a quick and easy way to clean the injection site. Just remember to wipe only in one direction to prevent recontamination of the area. *This is one of the best things you can do to reduce risk of bacterial infections.*

- Use a new needle for every injection. Needles dull easily with repetitive use; using dull needles causes unnecessary trauma to the veins and surrounding tissues. Avoid sharpening needles because that can cause a burr, which can tear the vein and weaken the needle, potentially causing the needle to break off in the vein.
- Use new gear—cookers, cottons, water, tourniquets, syringes—each time. All injection materials can collect bacteria and other pathogens during use.
- Use the most sterile water available. This is important as you will be injecting the water directly into the bloodstream. Sterile water is the safest choice, followed by water that you have boiled for 10 minutes. If neither of those is available, fresh water from the faucet after letting it run for 20 seconds is the next safest choice. Avoid using shared water, puddle water, or toilet water. If toilet water is the only choice available, use water from the tank, not the bowl.
- Use the thinnest, highest gauge needle possible to make the smallest possible puncture wound. SSPs can help you determine the best size syringe based on what and where you are trying to inject.
- Use a soft, flexible, easy-to-release tie/tourniquet to find easy vein access. Remove the tie immediately after you register your shot and before you inject to get the blood flowing normally again and to protect your vein. SSPs give latex and non-latex tourniquets. Other choices that you can use in a pinch include condoms, latex exam gloves, neckties, or socks.
- To inject safely:
  - » Insert the needle with the bevel up to help with flow and reduce vein damage
  - » Insert the needle at a 45-degree angle; the more perpendicular the needle is, the more likely you are to go through the vein instead of into it
  - » Inject in the direction of the blood flow, which is toward the heart
- Slowly “register” or “flag” the needle. Push the plunger in a little and then pull back until you see blood in the needle. This way you know your needle is right and you are in the vein.
- Remove needle and apply pressure with something clean to stop the bleeding.
- Alternate and rotate injection sites. Try to use a new site for each injection, returning to sites only after they have had time to heal. Until they heal, stay away from veins that are red, tender, or do not bend when pushed.
- In general, the hierarchy of injection sites from safest to riskiest starts at the arms, then goes to hands, legs, feet, groin, and finally, the neck.

## **Wound Care**

SSPs frequently offer wound care kits to prevent and minimize injuries associated with injection substance use. These kits include items such as:

- Alcohol swabs
- Cotton balls or gauze
- Bandages
- Ointments, such as Bacitracin, which contain vitamin E to help skin heal and reduce track marks
- Instructions on how to open and drain an abscess if you are unable to seek medical care

In addition, personal hygiene kits can promote clean wounds and injection practices.

## **Safer Smoking Equipment and Education**

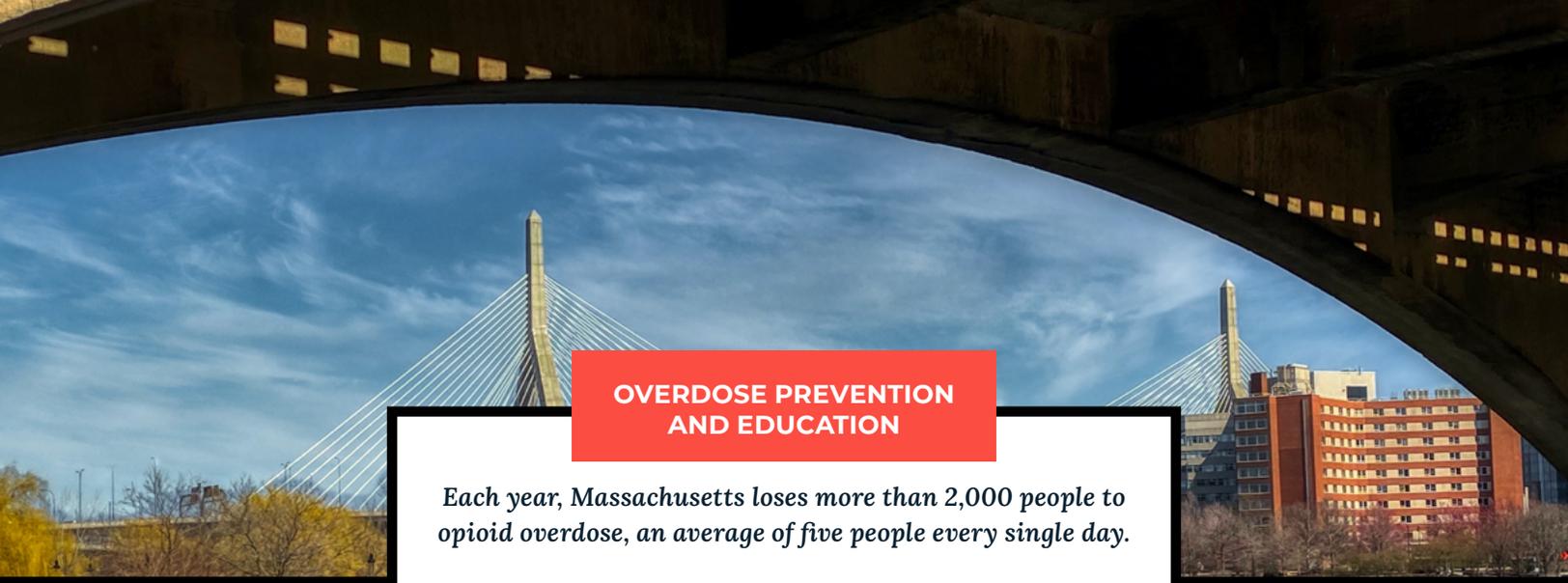
Safer smoking education is an emerging tool for advancing equity in harm reduction. Among individuals who use heroin, Black individuals are much more likely than

White individuals to use heroin through non-injection routes, such as smoking.<sup>37</sup> Meeting the harm reduction needs of the Black community, therefore, calls for strategies tailored to reducing the harms of smoking.

Canadian harm reduction programs have pioneered safer smoking services,<sup>38</sup> such as these:

- Providing new smoking equipment (stems, mouthpieces, screens, push sticks). Harm reduction programs should offer this equipment as individual pieces or as kits.
- Providing education about when people should consider equipment unsafe and in need of replacement, for example, pipes are less safe in these conditions:
  - » if others have used the pipe or mouthpiece
  - » if the pipe is scratched, chipped, or cracked
  - » if the mouthpiece is burnt
  - » if the screen shrinks and is loose in the stem of the pipe
- Promoting safe disposal of used and broken pipes.

Providing pipes is still a gray area under Massachusetts drug paraphernalia laws. Harm reduction programs, however, can provide counseling about safer smoking practices. Your program should seek feedback from your participants who smoke, as well as from community members who have not yet engaged in your program, about what services would help meet their needs.

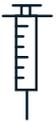


## OVERDOSE PREVENTION AND EDUCATION

*Each year, Massachusetts loses more than 2,000 people to opioid overdose, an average of five people every single day.*



**Use with a partner.** Take turns getting high to monitor each other for an overdose. If using alone, use in a public space or have a friend check on you. FaceTime, or other video chat, can be a great choice.



**Go low and slow.** A tester shot may not be a good choice with powerful synthetic opioids, but starting slow and building on your high is still a good rule of thumb. This can give you a chance to see what you are using and how your body is responding to it. Remember, you can always use more, but you cannot use less.



**Use only one drug at a time.** Interactions between drugs can put a person at higher risk for an overdose. Especially dangerous are other respiratory depressants such as alcohol and benzodiazepines. Stimulants can be dangerous, too, as they stress the lungs and increase the risk of overdose.



**Stay with the same dealer.** Although this is not a guarantee, buying from someone who you have bought from before can mean that you are more likely to know what you are getting, compared to buying from someone new. Finding a regular source may help you find a degree of stability in what you are using.



**Keep naloxone nearby and visible.** Naloxone is readily available as an easy-to-use nasal spray that counteracts the effects of opioids if someone overdoses on opioids. Place naloxone next to you or in your lap so that someone will know to use it if you overdose.

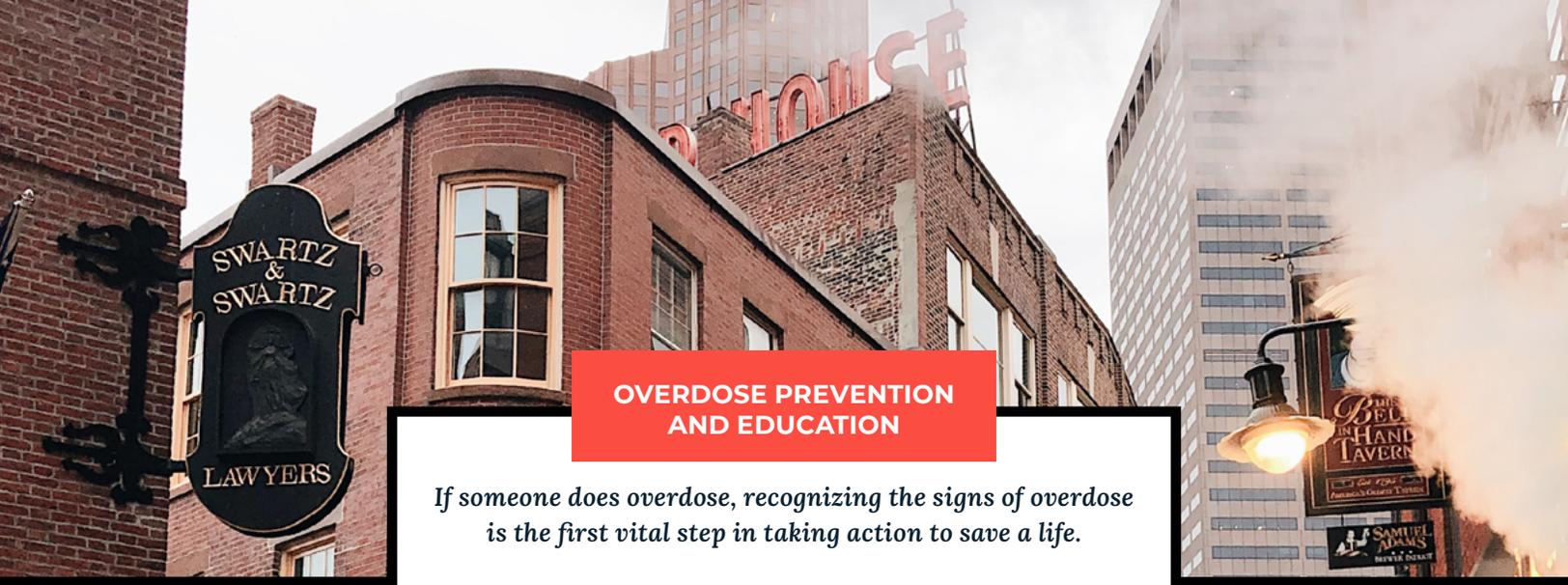


**Do your own mixing and fixing.** This allows you to control which substances you use and their quantities. A shot prepared by another person may be too much for you.



**Monitor your tolerance.** A person can begin to lose tolerance to opioids after just a few days of abstinence. When you “lose tolerance,” you can experience more dangerous effects from lower quantities or potencies of opioids than you would have earlier. A dose you used to use could be fatal. After periods of abstinence, take care to:

- + reduce the amount you use
- + use slowly
- + use through a less direct route of administration, for example, orally or snorting



## OVERDOSE PREVENTION AND EDUCATION

*If someone does overdose, recognizing the signs of overdose is the first vital step in taking action to save a life.*

To identify an overdose, take these steps:



**Check for responsiveness.** Call the person's name if you know it. Make a fist and rub your knuckles up and down on their sternum; this is known as a sternum rub. Tell them you are about to give them naloxone. If they are just intoxicated and not overdosing, they will respond to you.



**Check for breathing.** A person should be breathing at least 8 times per minute. The average rate of breathing is 16 times per minute; if a person is breathing at half the rate that you are, it signifies they are in trouble.



**Check their coloring.** A person may be flushed or pale when using substances, but their coloring should be normal. If a person with light skin pigment is turning blue around their lips and nail beds, or if a person with dark skin pigment is turning white around their lips and nail beds, this indicates that they are not getting enough oxygen and are overdosing.



**Check for other signs of distress.** These signs may include the inability to talk, foaming at the mouth, and choking or gurgling sounds.

*If a person is just intoxicated, it is important to continue to stimulate and observe them. They may still be at risk of going into an overdose. If you decide that an individual is overdosing:*

**Call 9-1-1 immediately**

**Administer naloxone**

**Deliver rescue breaths**

*The most common form of naloxone is nasal spray. To administer the spray, remove the applicator from the package, insert the tip into either nostril, and depress the plunger. One spray administers the entire dose.*

*Naloxone takes 2 to 3 minutes to activate. During that time, deliver rescue breaths. If you do not revive the individual by the end of 3 minutes, deliver another dose of naloxone followed by more rescue breaths. Continue this pattern until help arrives.*

If you are unable to stay with the person, put them on their side in the recovery position, so that they do not choke. If you have administered naloxone, leave empty applicators near the person so that first responders will know that you have done so.

## STEPS OF NALOXONE ADMINISTRATION

### STEP 1: IDENTIFY OVERDOSE

Opioid overdose occurs when a person is unresponsive and not breathing or struggling to breathe.

#### Signs of opioid overdose:

- Does not wake up, even if you shake them or call their name
- Slow or no breathing
- Blue, grey, or pale skin color
- Small pupils
- Snoring sound

### STEP 2: CALL 9-1-1

### STEP 3: GIVE NALOXONE AS SOON AS POSSIBLE

#### INJECTION INTO MUSCLE

##### Needle-Syringe and Vial:

1. Open cap of naloxone vial.
2. Remove cap of needle, and insert into vial.
3. With the vial upside down, pull back plunger and draw up **1mL (1cc)** of naloxone. Naloxone vial may only have one dose, or may be a multi-dose vial.
4. Using a needle at least 1 inch long, inject into muscle in the upper arm.



OR

**Auto-injector:** Follow visual and voice instructions. Package contains instructions and a training device.



#### NASAL SPRAY

##### Multi-step nasal spray:

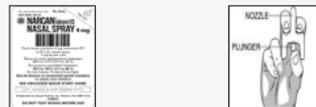
1. Remove yellow caps from ends of applicator.
2. Twist nasal adapter on tip of applicator until tight.
3. Take purple cap off of naloxone syringe, insert in other side of applicator and twist in until tight.

Push half of the naloxone (1mL/1cc) into each nostril. The naloxone vial contains 2mL, so you are giving **one half in one nostril and one half in the other nostril.**



OR

**Single-step nasal spray:** Peel back tab with circle to open, insert tip into either nostril and administer full dose. Entire dose is administered with one spray.



### STEP 4: GIVE CPR AND/OR RESCUE BREATHING (PER RESCUER'S LEVEL OF KNOWLEDGE)

If victim is not breathing adequately, then start **rescue breathing (1 breath every 5 seconds)** and/or **chest compressions (100-120 per minute)**, based on the rescuer's training.

After giving naloxone **stay with the victim**. If the person is not responding, **continue rescue breathing and/or chest compressions for 3-5 minutes**. Then give a **second dose of naloxone** and continue rescue breathing and/or chest compressions until the victim is breathing or emergency responders arrive. If the victim starts breathing without help, place the victim in the recovery position. Make sure the victim does not take any more opioids.



### ***Naloxone Distribution***

Naloxone is one of the most effective tools available in preventing opioid overdose deaths. It is an antagonist opioid medication, which means it reverses the effects of opioids by kicking them off receptors in the brain. One of the main effects of opioids on the body is respiratory suppression, and when a person is experiencing an overdose, their breathing starts to stop or will stop altogether if not caught in time. Once the opioid receptors in the brain stem are free of opioids, an individual who was experiencing an overdose will start to breathe again.

Naloxone comes in a few forms, most often being used in the nasal spray form. This naloxone comes in a box with two applicators that each deliver 4 mg of naloxone through the nostril. Most people will revive with one or two applications, but additional dosing may be necessary.

Naloxone lasts 30–90 minutes. After that time, any opioids remaining in the body will return to the receptors and a person can overdose again if the opioids are still present in sufficient amounts. This is why medical intervention is encouraged.

Naloxone has no potential for intoxication, adverse effects, misuse, or overdose. It cannot hurt someone who is not overdosing on opioids. Store naloxone at room temperature. Check expiration dates to ensure full effectiveness (although expired naloxone is better than no naloxone, if that is all there is).

Naloxone is also accessible through Massachusetts pharmacies. Every resident can access the medication, even without a prescription due to the statewide standing order. Most health insurance plans, including MassHealth, cover naloxone for a small copay. If a person on MassHealth cannot afford the copay, they can request a fee waiver. A few state-funded programs may be able to purchase or receive naloxone in bulk, although the primary way that people and programs are encouraged to access naloxone is through insurance coverage.

### ***Infectious Diseases: Testing, Treatment, and Education***

Additional health risks associated with substance use include infectious diseases, such as:

- **Hepatitis C virus (HCV):** HCV is a virus spread through contaminated blood that affects liver health. An 8- to 12-week regimen of antiretroviral medications can cure HCV. Left untreated, HCV can lead to cirrhosis of the liver, liver cancer, and death.
- **Human immunodeficiency virus (HIV):** HIV is a virus that destroys the body's immune system and ability to fight infection or other diseases. Certain contaminated body fluids—blood, semen, vaginal fluid, anal fluid, breast milk—spread HIV. Although there is no cure, antiretroviral medication can manage HIV effectively. Medication

also reduces a person's risk for transmitting the virus to someone else.

- **Sexually transmitted infections (STIs):** Bacteria, parasites, yeast, and viruses transmitted from one person to another through sexual contact cause STIs. They continue to be on the rise in both Massachusetts and the United States. The most common types of STIs are chlamydia, gonorrhea, and syphilis.

SSPs provide risk reduction counseling for infectious diseases, as well as access to harm reduction resources (such as syringes, condoms, lubricant), testing, and referrals for treatment when needed. These are proven harm reduction strategies for reducing risk to infectious diseases:

- **Use new or sterile syringes, and gear.** If sharing is necessary, use first or early in line to reduce exposure.
- **Use condoms.** These barriers prevent contact with another person's bodily fluids. Latex or polyurethane condoms are a better choice to avoid infectious disease. Why? Condoms made of natural materials (such as lambskin) may be more porous, so while they protect against pregnancy, they cannot protect against viruses. To make sure that condoms are effective, use only once, check expiration dates, and store in a cool, dry place away from direct sunlight.
- **Use lubricants.** Lubricants help sexual membranes become flexible so there is less friction and tearing of tissue, which can limit potential exposure to blood. Use water or silicone-based lubricants, since oil-based lubricants (baby oil, lotions, petroleum jelly) can cause condoms to break.
- **Use pre-exposure prophylaxis (PrEP).** PrEP is a daily medication that protects an HIV-negative person from contracting the disease if they come in contact with it. Clinicians recommend PrEP for people who have an HIV positive partner, who have multiple sexual partners, or those who inject substances. PrEP is available through a primary care provider or a community health center, and MassHealth covers PrEP. Several harm reduction programs are able to test for HIV status on their vans or in other mobile settings.
- **Participate in lower-risk sexual behaviors.** Anal and vaginal sex have the highest risk of transmission for HIV. Any behaviors other than these will reduce risk of transmission. This includes manual sex (using your hands) and oral sex.
- **Be monogamous or limit your number of partners.** This option may not be available to everyone, such as those engaged in sex work, but if the individual can limit their number of partners, it reduces their risk of

exposure and can be a protective factor for their health.

- **Get tested, know your status, get treatment.** Many infectious diseases do not have symptoms, so testing frequently is important for those who are at high risk of exposure, including those engaging in injection drug use or unprotected sex. Treatment protects a person's health and reduces their risk of giving infections to others.

### **Drug Checking**

*Drug checking* is a process of testing a sample of a substance to identify the ingredients. The current illicit drug overdose crisis requires expanded and new responses to address unpredictable and potentially lethal substances, including fentanyl analogues, in the unregulated drug market. Because fentanyl is easy to produce and move with minimal cost, it is being cut into various illicit drugs—benzodiazepines, MDMA, cocaine—or replacing them entirely. Simple identification methods can help prevent drug-related injury and overdose.

One drug checking or pill testing method involves testing for the presence of fentanyl in a sample. This simply means using a fentanyl test strip and inserting it in a small sample of the substance dissolved in water. A line on the test strip line alerts a person to the presence of fentanyl. These test strips are inexpensive (about \$1.00 per test strip) and readily available.<sup>39</sup> One thing to note about fentanyl test strips is that they require different

dilution amounts for different substances (for example, meth requires a large amount of dilution while heroin does not). Another more sophisticated method of testing involves using reagents applied to a small sample of the substance. In this method, a color change indicates the presence of a specific substance. These tests can be more expensive and more challenging to use.

AHOPE has a mass spectrometer to test substances with a high degree of accuracy and speed. Using a tiny sample, the machine can identify dozens of types of fentanyl and alert users about the presence of not-yet-named fentanyl analogues, in addition to thousands of other additives and substances.

### **Sharing Safety Strategies for Sex Workers**

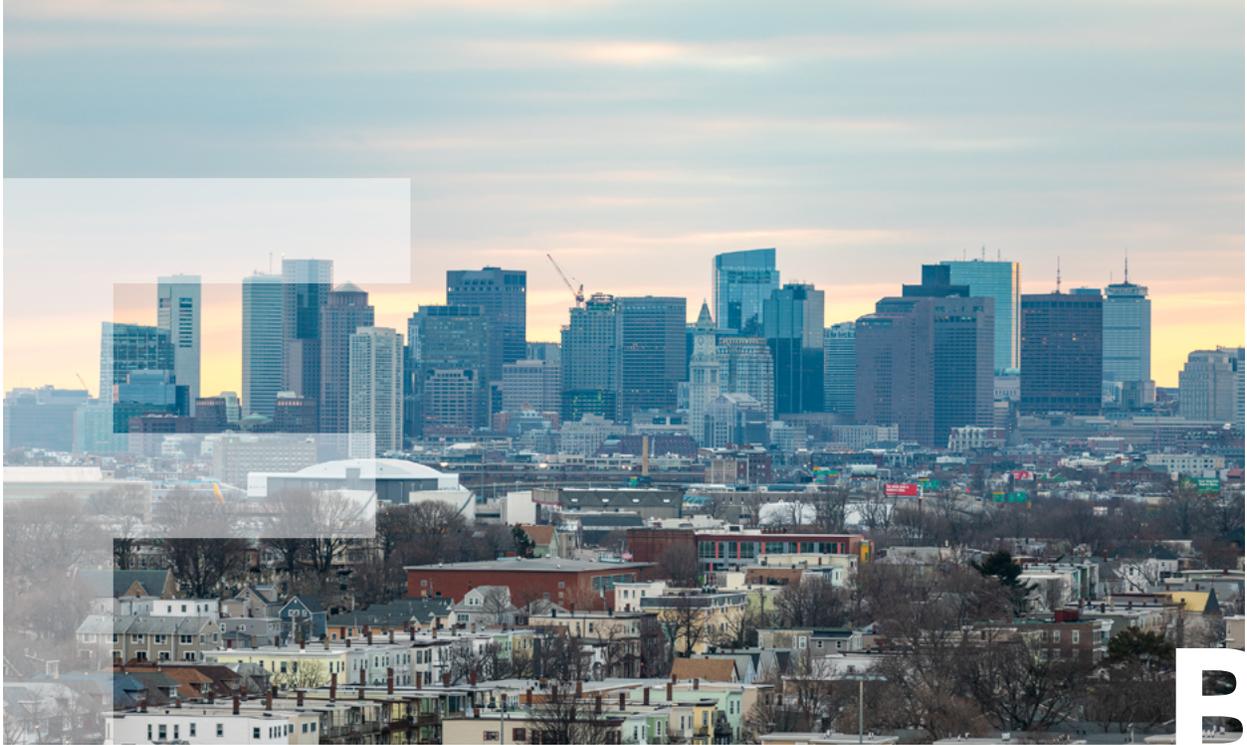
In addition to infectious diseases, people who engage in sex work or survival sex may face further safety risks. Offering risk reduction strategies, such as these, can help protect them.

- Trust your gut. If it doesn't feel right, then it probably isn't. Even if we can't put our finger on it, our instincts usually get it right.
- Use the buddy system. Let a friend know where you are at all times. If a friend isn't available, shout around a corner that you'll be back soon, so your date thinks there is someone waiting for you.

- Carry a handbag with supplies, including condoms, lubricants, pepper spray, whistle, and flashlight.
- If you have a cell phone, carry it with you and make sure to fully charge the phone before going out. Program emergency numbers into your phone.
- Before you go somewhere private, negotiate price, services, safe sex, a safe location where you've been before, and payment up-front.
- Wear shoes that are suitable for running or that you can quickly slip off.
- Avoid necklaces, scarves, or clothing that others can grab.
- Offer services up front; never allow unfamiliar dates to restrain you for any reason, even if it is a fetish.
- Screen customers using online bad date list—Boston Bad Date Sheet, [Verifyhim.com](http://Verifyhim.com)—where sex workers report encounters where someone offers to pay for sex, but is abusive or violent when you are with them.
- Unless the client is willing to take the same food and drink, avoid accepting food or drink unless they are prepackaged and unopened.
- Minimize drug and alcohol use before or while you work so you can stay in control of yourself and the situation.
- If necessary, practice self-defense:
  - » by making noises (screaming, hitting car horn)
  - » attacking easily injured areas of the body (throat, eyes, testicles)
  - » running away toward light and people
- If you want to report an incident to the police and would like support, consider reaching out to organizations and programs you trust. They can give you support to advocate for yourself and to create a safety plan.
- More tips are available at [Sex Work Safety Tips and Resources](#).

### **Service Navigation**

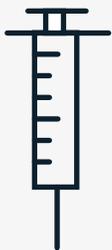
SSPs play another important role in connecting people who use substances with referrals to supportive services to assist with a variety of different needs. Most notably, SSPs are a gateway for connecting individuals with the levels of care and treatment consistent with their wants and needs by providing referrals for medical care, mental health services, housing and shelter, legal supports, and other ancillary needs.



## APPENDIX F. BOSTON HARM REDUCTION PROGRAM EXAMPLES

Boston is recognized for having world-class hospitals and healthcare systems with the most advanced medical services available. People from all over the world come to Boston for medical care. At the same time, our healthcare systems are increasingly acknowledging that they need to improve their capacity to meet the basic medical needs of vulnerable Bostonians. Strategies to improve the engagement of marginalized people in health care include many of the same strategies embraced by harm reduction services. Approaches to improving care include developing low-threshold medical services and improving accessibility by expanding into Boston neighborhoods. Local community health centers have expanded harm reduction services along with their treatment services over the past few years.

Several Boston harm reduction programs exemplify these strategies. Brief descriptions of programs (listed in alphabetical order) are in this appendix. Additional program details are in Appendix G, [page 73](#).



### HARM REDUCTION THROUGH SYRINGE SERVICE PROGRAMS (SSPS)

To find both mobile and fixed-site SSPs in the Boston area, visit [Syringe Service Program Locator](#).

## **AHOPE: Access, Harm Reduction, Overdose Prevention and Education**

AHOPE is a harm reduction program and needle exchange site aimed at serving active injection drug users and their friends, family, and healthcare providers in the Boston community. Through a walk-in center, mobile van, and its outreach centers, AHOPE provides a range of services:

- HIV and STI testing and treatment
- Overdose prevention education and training
- Risk reduction supplies and counseling to reduce the spread of infection

- Supported referrals to substance use treatment

As a Massachusetts Department of Public Health Opioid Overdose Prevention and Reversal Project site, AHOPE served 8,200 individuals in 2018. AHOPE works to train opioid users and their families on how to prevent, recognize, and intervene during an opioid overdose. Overdose prevention education covers topics including why it is important to call 9-1-1, how to administer rescue breathing and naloxone, and how to give after-care for an overdose.



## **AIDS Action Committee's Access Drug User Health Program**

AIDS Action Committee's Access Drug User Health Program distributes and exchanges syringes to people who inject drugs and is one of the state's pilot sites for naloxone distribution.

This program features a drop-in center where members can access risk reduction supplies and counseling; information and referrals to medical,

substance use, and other social service providers; and access to testing, health and overdose education, and behavioral health services. In 2018, Access Drug User Health Program distributed 198,474 sterile syringes, collected 196,034 used syringes, saved 376 lives through naloxone distribution, and trained 2,435 people in overdose prevention.

## ***Boston Medical Center's Project TRUST***

The Project TRUST drop-in site was started in 1988 in response to the first wave of HIV in Boston among people who inject drugs. Since then, Project TRUST continues to provide comprehensive services that stop the spread of infectious diseases in those who struggle with substance use. Project TRUST's goal is to help

anyone who is struggling with substance use access comprehensive and compassionate care without judgement. To that end, the program provides addiction treatment resources, harm reduction education and supplies, and navigation to an array of medical services including primary care and urgent care services.



### ***Care in Reach Van***

In 2018, the Kraft Center for Community Health at Massachusetts General Hospital developed an innovative mobile health program called CareZone to combat the opioid epidemic in Boston neighborhoods with accessible, on-demand care. Now called Community Care in Reach, the program aims to expand access to addiction services through mobile health and provide clinical care and harm reduction services to people experiencing homelessness or living with addiction. In partnership with experienced staff from the Boston Health Care for the Homeless Program and the Boston Public Health Commission's AHOPE

program, the Care in Reach van offers these services:

- medications for addiction treatment and referrals to treatment programs and detox;
- naloxone, overdose prevention education, risk reduction counseling, and syringe exchange; and
- preventive medical care.

From January 2018 to September 2019, the harm reduction team made 7,843 contacts with people who use drugs and distributed 2,627 naloxone kits. In addition, van clinicians had 1,024 patient encounters and provided 632 buprenorphine prescriptions.



## **Victory Programs**

Victory Programs, a Boston-based nonprofit agency, works to improve the lives of individuals and families facing homelessness, drug and alcohol addiction, and chronic diseases. In 2015, Victory Programs launched the Victory Prevention division including Boston Living Center and Mobile Prevention Team.

Boston Living Center is a nonresidential community and resource program aimed at providing resources to people living with HIV/AIDS. The Mobile Prevention Team is a community-based prevention health program comprising three prevention projects: Drug User Health, Infectious Disease, and Transgender Health. The projects offer education and harm reduction resources and services such as:

- infection testing and counseling,
- overdose education and naloxone distribution,
- health navigation to medical services,
- transgender peer support, and
- street outreach and drop-in services.

In 2018, the Victory Prevention Team served 1,465 clients via the Victory Mobile Prevention Team and served 34,379 meals at the Boston Living Center.

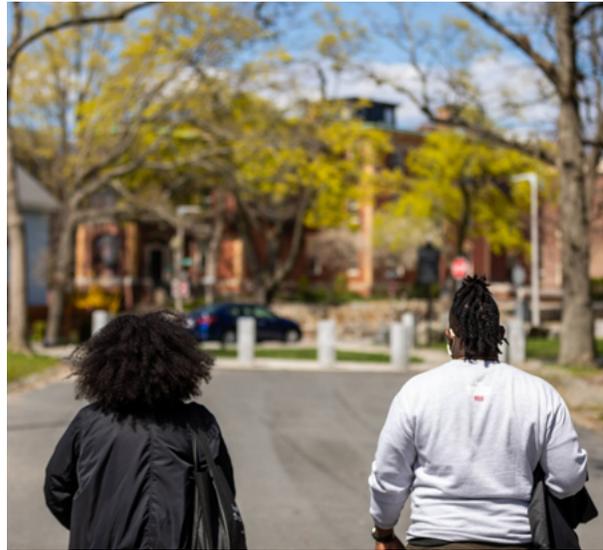
## HARM REDUCTION THROUGH LOW-THRESHOLD PROGRAMMING

### ***Boston Medical Center's Faster Paths to Treatment***

Boston Medical Center's opioid urgent care center, Faster Paths to Treatment, is a judgement-free community for people struggling with addiction. Faster Paths works to rapidly evaluate, motivate, and refer patients with substance use disorders to a comprehensive care network. This network includes inpatient and outpatient detoxification, treatment, and aftercare services integrated with mental health and medical care. Faster Paths offers these services:

- Referral to addiction treatment
- Assessment for medication-assisted treatment or MAT
- Opioid overdose prevention education
- Follow-up from a licensed alcohol and drug counselor
- Access to BMC case management and primary care
- Access to community-based support services

During the program's first year of operation, Faster Paths treated 1,275 patients who recorded a total of 4,635 visits and initiated



407 patients on medications or MAT. Of these, the program transferred 177 patients to maintenance programs, and placed and transported 663 patients to acute treatment programs or detox.

### ***Boston Police Street Outreach Team***

In 2008, the Boston Police Department formed the Street Outreach Team with a goal of addressing public disorder, homelessness, substance use disorder, and mental illness in the Boston community. The Street Outreach Team works to build partnerships with mental health agencies, service providers, shelter outreach personnel, community service officers, and the court system. The Street Outreach Team uses patience, compassion, and sensitivity when engaging individuals with SUD and mental illness, while balancing the Boston Police Department's responsibility to public safety.



### ***Engagement Center***

Located in the Newmarket Square area, the Engagement Center offers a safe and comfortable environment, off the street and sidewalks, for individuals to spend time during the day. This center provides a range of basic amenities and comfort items such as clean facilities, refreshments, quiet space, and workstations. While at the Engagement

Center, individuals can meet with staff to learn more about, begin, or continue services and support for substance use recovery, housing, and behavioral health conditions. In its first year of opening, the Engagement Center had more than 54,000 client engagements and 330 referrals to services.

### ***Massachusetts General Hospital Bridge Clinic***

In 2014, Massachusetts General Hospital launched its Substance Use Disorder Initiative designed to transform care for the chronic disease of substance use disorder. This initiative focuses on improving the quality, accessibility, clinical outcomes, and value of treatment for patients suffering with this illness. The Bridge Clinic, a key part of the initiative, is an urgent care transitional addiction clinic for discharged inpatients and patients leaving the emergency department. The

clinic works to stabilize patients with SUD and move them into long-term, community-based treatment. Typically, patients attend the Bridge Clinic for three to six months as they transition into the community. This clinic provides addiction pharmacotherapy, individual and group peer support services, individual and group medication education, and assistance with social services and connections to longer-term care.



### ***SPOT: Supportive Place for Observation and Treatment***

The SPOT offers engagement, support, and medical monitoring for 8 to 10 individuals at a time who are over sedated from using substances and would otherwise be on the street, in an alleyway, or alone in a public restroom, at high risk of overdose. A program of Boston Health Care for the Homeless Program, SPOT is collocated with other harm reduction, treatment, and recovery support services. In the first 3 years, the SPOT team cared for more

than 800 individuals in over 10,000 different encounters.

While SPOT's immediate intention is to reduce the harm associated with use of opioids and other substances in a population lacking stable housing and supports, the goal is to help medically complex individuals gain access to treatment for substance use disorders on demand, including detoxification and medication-assisted therapies.



## **APPENDIX G. HARM REDUCTION PROGRAM CONTACT INFORMATION**

To find SSPs in Massachusetts, both mobile and fixed site, go to [Syringe Service Program Locator](#).

### **Access, Harm Reduction, Overdose Prevention and Education (AHOPE)**

Website: <https://www.bphc.org/whatwedo/Recovery-Services/services-for-active-users/Pages/Services-for-Active-Users-AHOPE.aspx>

Address: 774 Albany St., Boston, MA 02118

Questions? Call 617-534-3976

### **AIDS Action's Access: Drug User Health Program**

Website: <https://aac.org/programs-services/needle-exchange>

Address: The Exchange, 359 Green St., Cambridge, MA 02139

Address: 75 Amory St., Boston, MA 02119

Questions? Call 857-313-6800

### **Boston Medical Center's Faster Paths to Treatment**

Website: <https://www.bmc.org/programs/faster-paths-to-treatment>

Address: Boston Medical Center Yawkey Center, Faster Paths Office  
850 Harrison Ave., First Floor, Boston, MA 02118

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### **Care in Reach**

Website: <http://www.kraftcommunityhealth.org/CommunityCareInReach>

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### **Boston Medical Center's Project TRUST**

Website: <https://projecttrustboston.com>

Address: 721 Massachusetts Ave., Boston, MA 02118

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### **Boston Public Health Commission's Engagement Center**

Website: <https://www.bphc.org/whatwedo/Recovery-Services/roadmap-to-recovery/Programs-and-Services/Pages/Engagement-Center.aspx>

Address: 120 Southampton St., Boston, MA 02118

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### **Massachusetts General Hospital Bridge Clinic**

Website: <https://www.massgeneral.org/substance-use-disorders-initiative>

Address: West End Clinic, 55 Fruit St., Boston, MA 02114

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### **Supportive Place for Observation and Treatment (SPOT)**

Website: <https://www.bhchp.org/spot>

Address: Boston Health Care for the Homeless Program  
780 Albany St., Boston, MA 02118

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### **Victory Programs**

Website: <https://www.vpi.org>

Address: 965 Massachusetts Ave., Boston, MA 02118



## APPENDIX H. KEY COMPONENTS OF HARM REDUCTION PROGRAM EVALUATION

### ***Benefits of Program Evaluation***

Ongoing monitoring and evaluation of any program or intervention are vital to determine whether it works, to help refine program delivery, and to provide evidence for the benefits of the program. The information produced by the evaluation can help to:

- Make sure that the agency implemented the program as planned
- Assess program effectiveness
- Identify disparities and inequities in access to care
- Demonstrate accountability to your funders and other stakeholders

### ***Evaluation Process***

The general process for evaluating programs involves these steps, which we describe briefly in this appendix:

1. Engage stakeholders to form an evaluation team
2. Describe your program
3. Ask evaluation questions
4. Choose and carry out data collection strategies
5. Analyze data
6. Develop a communication plan

## **Engaging Stakeholders to Form an Evaluation Team**

Program evaluation requires the efforts of many people. No one person can conduct the evaluation for an organization. Because harm reduction efforts are complex and because public health agencies may be several layers removed from frontline implementation, stakeholders take on particular importance in ensuring that the organization identifies the right evaluation questions and uses evaluation results to make a difference. Stakeholders are much more likely to support the evaluation and act on the results and recommendations if they are involved in the evaluation process. For these reasons, it is important to form an evaluation team to design and carry out the evaluation. The evaluation team should include a variety of program staff and external stakeholders, including members who reflect the community's diversity and program populations. These are potential team members:

- **Program management.** Leadership's participation shows that program evaluation is a priority and provides an avenue for communicating findings to funders and board members.
- **Program staff, including clerical or support positions.** These roles have expertise about what's happening on the front lines of the program. Their involvement is essential because it is likely that they will be gathering much of the evaluation data.

- **People receiving program services.** Client voices help make sure that evaluators ask practical questions that focus on the mission of better serving PWUD.
- **People from the community and network of services.** Engaging close partners in the evaluation fosters the spirit of collaboration needed to provide services to PWUD.
- **Technical experts.** Sometimes organizations will “borrow” a program evaluator from an academic setting, government agency, or partner organization to help design and carry out the evaluation.

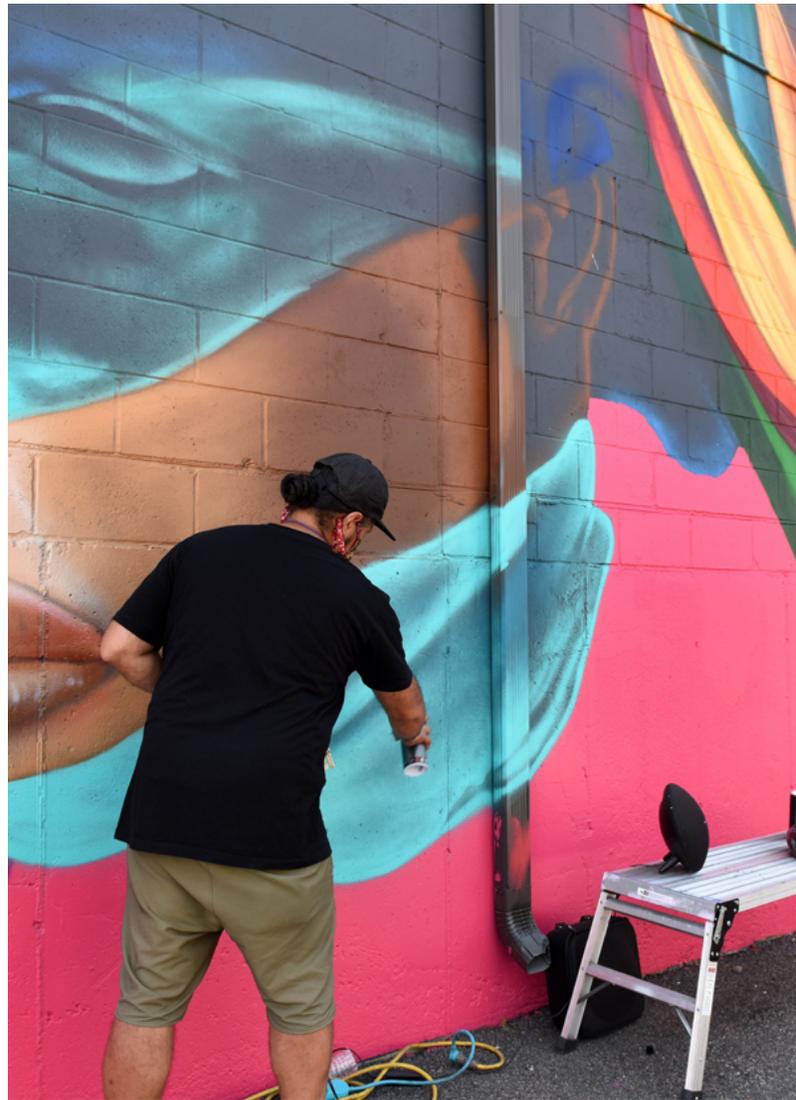
## **Describe the Program**

The program description is all the information about what the program does, who is involved, and how the organization implements the program. In a formal program evaluation process, the program description will result in a logic model that explains the theory of the program or how it is “supposed” to work. In less formal evaluations, walking through your process will help you describe all the elements involved in your program.

CDC recommends including the following components<sup>40</sup> in a program description:

- **Need.** What is the big public health problem you aim to address with your program?

- **Target.** Which groups or organizations need to change or take action to ensure progress on the public health problem?
- **Outcomes.** How and in what way do these targets need to change? What action specifically do they need to take?
- **Activities.** What will your program and its staff do to move these target groups to change or take action?
- **Outputs.** What tangible capacities or products will your program's activities produce?
- **Resources and Inputs.** What do you need from the larger environment to mount program activities successfully?
- **Relationship of Activities and Outcomes.** Which activities do you implement to produce progress on which outcomes?



## EXAMPLE OF A PROGRAM DESCRIPTION: DRUG USER HEALTH PROGRAM

### Need and Target

Drug User Health Program works to reduce opioid overdoses and spread of HIV and HCV, and to improve access to health services for PWUD, especially those experiencing homelessness in the City of Boston.

### Outcomes

Drug User Health Program will increase HIV and HCV testing, eliminate the reuse of syringes and equipment, and link participants to health care and social services, as wanted.

### Activities

Drug User Health Program will distribute syringes and supplies, offer weekly clinic hours for medical assessments and care, provide HIV and HCV testing, link to buprenorphine treatment on demand, and link to health and social services.

### Outputs

The Drug User Health Program will deliver harm reduction supplies to PWUD, train PWUD in safer injection, train community partners in strategies for working with PWUD, provide harm reduction education materials, and produce an annual report.

### Resources and Inputs

The Drug User Health Program relies on Department of Public Health funding for all costs, on skilled harm reduction supervisors and workers for service provision, and on partnerships with law enforcement and community members for operation in neighborhoods. The program partners with healthcare providers who have low-threshold clinics accustomed to working with PWUD.

### Relationship of Activities and Outcomes

The Drug User Health Program will measure activities and outcomes to draw conclusions about which activities produce which outcomes.

## Ask Evaluation Questions

Identifying desired outcomes is another opportunity to engage PWUD. Ideally, program measures reflect the realities of life for those it serves, including how success is determined. Your evaluation should include measures derived from engagement with PWUD, as well as measures required by funders or oversight bodies. Generally, program outcomes fall into a hierarchy of levels. The lower the level, the easier it is to capture. Below are outcomes listed from low to high levels:

- **Participation.** Number of people who use the service, frequency, intensity of contact
- **Reactions.** Degree of interest, feelings toward the program, acceptance of program activities
- **Learning.** Changes in knowledge, opinions, skills adopted by target audience
- **System and environmental change.** Changes in social, economic, or environmental conditions because of recommendations, actions, policies, and practices implemented
- **Health outcomes.** Health indicators

Evaluation will not only provide feedback on the program's effectiveness, but will also help to answer these questions:

- Are the services reaching the target group?
- Are all services and resources reaching all parts of the target group?
- Are participants and other key stakeholders satisfied with the program?
- Are you implementing all activities as intended?
- What, if any, changes have you made to intended activities?
- Are all materials, information, and presentations suitable for the target audience?

Give considerable thought to defining your target population, and ask who are the people you most want to engage in services? For harm reduction, the answer is generally PWUD. Defining the target population also means identifying targeted strategies to make sure that services are fully and equitably accessible to all segments of the population. Members of the target population must inform and shape these strategies.

Defining a target population and equity strategies can include examining data disaggregated by race and other factors that lead to marginalization. As you identify potential disparities, use the opportunity to engage PWUD and others with lived experience to explore the factors that are driving inequity and to develop potential solutions. Boston, like all cities in the United States, has a legacy of structural inequities that left Black Bostonians with poorer access to good housing, education, and health care. Even today, life expectancy in Black neighborhoods is lower than in predominantly White neighborhoods.<sup>41</sup>

It is important to look specifically at populations within the target population. Additional questions might include these:

- Who is the overall population? How are you defining the target population(s) or program population(s)? What strategies do you need to reach each segment of the defined population(s)?
- Are the services reaching Black Bostonians?
- Are the services reaching Latinx PWUD?
- Are the services reaching adults under the age of 35?
- Are some individuals able to access services but have poorer outcomes based on factors such as race, gender, sexuality, occupation, or other determinants?

## DATA COLLECTION

When you look at the hierarchy of outcomes, it is easy to see that the program will have to use different strategies to collect different data points. Most harm reduction programs collect data on the following process measures to capture participation, reactions, and learning because of program activities:

- Contacts made during outreach and open hours
- Unique contacts, repeat contacts
- Needles collected and distributed
- Naloxone kits distributed
- Injection supplies distributed
- HIV and HCV tests
- Referrals made

Harm reduction services that are collocated with medical care may also count the following:

- Clinical encounters
- Unique patients
- Buprenorphine/naltrexone prescriptions
- Total filled prescriptions
- Unique buprenorphine/naltrexone patients
- Toxicology results with buprenorphine/naltrexone present

- Toxicology results without illicit opioids present
- Returning patients
- Referrals made (where and percentage successful)
- Patients treated for HIV, HCV
- Patients successfully completing HCV treatment
- Clinical tests: HIV, HBV, HCV, STI
- Positive clinical tests: HIV, HBV, HCV, STI
- PrEP and post-exposure prophylaxis (PEP) use

Consider how you will collect data from program participants and gather input on the best ways to do so. This step might include developing data collection questions, forms, and protocols that are trauma-informed and flexible to accommodate individuals' unique preferences and ability to respond to requests for information at any given time. Different questions will require different data collection tools. It is important to pilot test all data collection methods with a few program participants. Pilot testing will ensure that the data collection protocols are appropriate and easily understood by participants.

To answer equity evaluation questions, you must collect demographic information, including race and ethnic background.

Not all programs collect demographic data that include race, leading to the possibility that services are not equitably accessible throughout the City. Throughout the evaluation process, it is important to examine and monitor disaggregated data. These actions will help to establish baseline data and, over time, to track trends related to overall performance improvement, as well as improvement on specific equity indicators. These and other evaluation strategies foster accountability for equitable program results.

Harm reduction programs may gather a lot of information by simply counting their interactions and resources given. These counts provide data that show volume, but not much more. Other data collection methods include interviews, surveys, observations, and focus group discussions. Such methods might yield additional context and nuance for telling a more complete story about how well the program is operating and for whom. Analytic techniques may also vary. For example, some data are simple to report. In this case, there is no need for analysis as you are not making any claims about the effect of that data. For more sophisticated data analysis, it helps to have an expert on your evaluation team to conduct these analyses.

## DEVELOP A COMMUNICATION PLAN

The purpose of a communication plan is to report a program's process and impact to program participants, partners, stakeholders, community members, and funders. Communication builds trust and credibility among the program and its participants and partners, increasing the likelihood of program sustainability. The external reader of a communication plan is interested in understanding how the program plans to communicate its successes and achievements.

Recommendations for creating your communication plan:

- Highlight evaluation results that demonstrate the program's success (that is, results that help tell the story of your program's value and outcomes).
- Be clear about who is your audience (for example, program staff, board members, potential partners, funders, community members, and others).
- Identify specific mode(s) of delivering the information (for example, in-person, network, board meetings,

email messages, website, SharePoint, phone, formal reports, discussion, planning retreats, social media, and others).

- Define the frequency for providing information (for example, ad hoc, monthly, quarterly, in-person only, as requested).
- Identify individual's roles and responsibilities for communication accuracy, timeliness, and frequency.

It is important to use simple and visual communication tools. Use diagrams or charts that provide a simple communication of achievement or progress toward critical program impact. The intention is to tell a story about the program and how it is meeting its objectives to reduce the harms of drug use.



## APPENDIX I. PERSON-CENTERED CARE

Did you know that most people living with a substance use disorder will not seek out or receive appropriate care? Using a Person-Centered Care approach can change that. Person-centered Care is the act of treating people with dignity and respect, while allowing room for multiple pathways into recovery. Often, we think that a one-size fits all model will work, but we know that recovery can be complicated, and that it looks different for every person. Using this approach creates space for autonomy, exploring multiple pathways, and allowing for multiple versions of success, defined by each individual.

The Person-Centered Care approach recreates the way in which we provide treatment and support to those who are currently using drugs or who are in the recovery spectrum. By listening, asking questions and adapting as necessary, you give people the space to be the dynamic human that they are. Person-centered Care involves the individual 100% of the way, allowing them to help to create a treatment plan that works for them.

For more information on how you can implement a Person-Centered Care approach into your model of care, please watch this short 5 minute [video](#) created by Cancer Care Ontario. The Health Innovation Network published a [comprehensive document](#) describing this model and its benefits in-depth. C4 Innovations offers trainings and technical assistance in multiple areas, including harm reduction, [Person-Centered Care](#), trauma informed care, and more. Check out their [website](#) to learn more or schedule a training.

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