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

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WHAT IS HARM REDUCTION?1

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

Abstinence Only

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

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

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

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

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

WHY PRACTICE HARM REDUCTION?

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

Harm reduction activities ultimately:4

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

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Reduces the negative consequences of substance use such as substance-related criminal activity, commercial/sexually exploited individuals, and the number of discarded used/contaminated needles in our communities.

Produces cost savings by reducing the use of emergency services, police/court services and social services.

Provides the community with a comprehensive and collaborative approach to addressing substance use that includes harm reduction, prevention, treatment, recovery support and enforcement.

Reduces the strain on state and local social services, health services and income and employment services.

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

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

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

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

5 A review of the evidence-base for harm reduction approaches to drug use, Forward Thinking on Drugs, Neal Hunt
PRINCIPLES OF IMPLEMENTING HARM REDUCTION STRATEGIES

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

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

KEY MESSAGES TO PROMOTE

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

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

RISKS OF NOT PRACTICING HARM REDUCTION

Risk to the Individual

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

Risks to Individual’s Physical Well Being

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

Risk of Individual Getting/Spreading Viral Infections

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

Which can be transmitted via

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

HARM REDUCTION STRATEGIES FOR INDIVIDUALS

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

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

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8 Working with People Who Use Drugs: A harm reduction approach, NPNU Initiative, Canadian Liver Foundation, 2007
OPIOID OVERDOSE RISK FACTORS

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

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

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

PRODUCTS

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

INFORMATION

Vein Care
• Encourage the intake of fluids

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

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

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

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

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

When to Seek Medical Care
Call your doctor if any of the following occur with an abscess:
- You have a sore larger than a half-inch across.
- The sore continues to enlarge or becomes more painful.
- The sore is on or near your rectal or groin area.
- You develop a fever.
- You notice red streaks, which can mean the infection is spreading.
- You have any of the medical conditions listed above.

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

11 https://www.webmd.com/a-to-z-guides/abscess#2
INTEGRATING TRAUMA INFORMED CARE INTO HARM REDUCTION

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

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

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

HOW TO TALK ABOUT SENSITIVE TOPICS

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Tips for Staff

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

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12 Integrating Trauma-Informed Care and Harm Reduction Philosophies and Practices to Improve Participant Health Outcomes, James Kowalsky, BA Engagement Services & Practice Enhancement Specialist, Heartland Health Outreach

13 Justice Resource Institute, John Gatto, Senior Vice President for Community Health, 75 Amory St., Garden Level, Jamaica, Plain MA. 02119, June 2018
appointments? Are people “kicked out” and potentially sent into the community when they are unsafe? Be clear about what circumstances would warrant you calling the police.

5. Get regular supervision that will allow you to express your attitudes, beliefs, concerns and frustrations.

6. In what ways do you implement the principles of trauma-informed care into your harm reduction work?

**Three factors that affect quality of patient self-report**

1. Your own anxiety to talk about certain topics
   - What might be the cause of your own anxiety?
   - How could your anxiety affect the information obtained during a routine medical history?

2. The patient's anxiety to talk about certain topics
   - Common worries, fears, and concerns: embarrassment
   - Being judged
   - Topics one rarely discusses
   - Confidentiality
   - Relevance to care

3. The “how” of asking questions
   - Wording
   - Order
   - Form

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

**Techniques that decrease anxiety by Normalizing, Transparency, and Permission**

- **Normalizing**: Normalize by using universality statements to normalize the problem (if appropriate) and/or the anxiety
  - “Many people find it difficult to talk about their sexual concerns; activities; practices…”
  - “Many people with chronic illness notice they have problems with sexual function. Have you?”

- **Transparency**: Transparency Establishes Relevance to Care
  Explain why you are asking—be open about your reasons. Explain the need in a medical setting to discuss “taboo” topics. “I need to ask you some very specific questions about your vaginal discharge in order to better understand your current problem.”

- **Permission**: “Would it be alright with you if I asked you some questions about your alcohol use?” You can tell patients they have the option of not answering a question if it makes them feel uncomfortable

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Techniques that improve the quality of data reported by the patient
Asking for facts rather than judgments, and asking in specific rather than general terms, and asking close-ended questions; open-ended questions tend to increase anxiety and discomfort.
- “Are you currently sexually active? How many partners now? In past year? In life?”
- “How many drinks of alcohol do you have in an average week?”

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

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

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

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

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

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15 Jessie M. Gaeta, MD, Chief Medical Officer, Boston Health Care for the Homeless Program, 780 Albany Street, Boston, MA 02118, June, 2018
The use of harm reduction with adolescents is not an endorsement for alcohol and other substance use, but a methodology to help adolescents make educated decisions.

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

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

- **Alcohol** is a central nervous system depressant that disinhibits an individual, which may promote aggressive behavior and fighting, or which may incapacitate an individual and leave them vulnerable to unwanted sexual advances or experiences. Research shows that the younger children and adolescents are when they start to drink, the more likely they will be to engage in behaviors that harm themselves and others. For example, frequent binge drinkers are more likely to engage in risky behaviors, including using other substances such as marijuana and cocaine, having sex with six or more partners, and earning poor grades in school. \(^{18}\)

- **Illicit substance use** - which includes the use of illegal substances and/or the misuse of prescription medications or other legal or household substances - is something adolescents may engage in occasionally, and a few do regularly. By the 12th grade, about half of adolescents have misused an illicit substance at least once. The most commonly used substance is marijuana, but adolescents can find many harmful substances, such as prescription medications, glues, and aerosols, in the home.

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

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

\(^{17}\) Meier MH et al., *Proceedings of the National Academy of Sciences of the USA* (PNAS) Early Edition 2012  
http://www.pnas.org/content/109/40/E2657.abstract  


\(^{19}\) *Paediatric Child Health, v.13(1); 2008 Jan, PMC2528824, US National Library of Medicine, National Institutes of Health,  
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2528824/
RESOURCES and HANDOUTS

Additional resources available at
http://harmreduction.org/our-resources/
> Know the Signs of an Opioid Overdose

**Sedated/High**
signs may include

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

**Keep monitoring...**

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

**Overdose**
signs may include

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

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

DO Visit a medical supply store to purchase sharps.
DO Check out these sharps mail back services. They provide a variety of container sizes and prepaid mailing cartons:

- Medasend: 800-200-3581
- Stericycle: 800-355-8773

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

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

DO Put used syringes in sharps container immediately.
DO NOT Throw sharps in the garbage or recycling bins.
DO Keep needles away from children and pets.
DO NOT Flush sharps down the toilet or drop into storm drains.
DO Bring a sharps container when traveling.
DO NOT Clip, bend or recap needles.

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

Be Safe
Reduce your risk of blood-borne diseases like hepatitis and HIV/AIDS.
DO Use a new needle every time you inject.
DO NOT Inject in the same spot over and over again.
DO Clean the injection site with soapy water, alcohol
DO NOT Share needles, syringes, cookers, cotton swabs or rubbing alcohol.
DO Find out your HIV/viral hepatitis status. Get tested. If you are not infected you can stay that way. If you are, find out how to take care of yourself and avoid passing HIV/viral hepatitis to others.
DO Clean your sharps with bleach IF you must reuse them. (NOTE: Bleach does not always kill the hepatitis virus)

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

**AIDS Action Committee**
Cambridge: 617-599-0246

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

**AIDS Project Worcester**
Worcester: 508-755-3773

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

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

**Brockton Area Multi Services**
Brockton: 508-583-3405

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

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

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

**North Shore Health Project**
Gloucester: 978-283-0101

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

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

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

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22 [https://www.mass.gov/syringe-service-programs](https://www.mass.gov/syringe-service-programs)
PROPER USE AND DISPOSAL OF NEEDLES AND SYRINGES

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

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

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

There are many syringe disposal sites across the Commonwealth. Information on safe disposal and a list of disposal sites is located at

MASSACHUSETTS GENERAL LAWS
SALE AND POSSESSION OF HYPODERMIC SYRINGES AND NEEDLES

Chapter 94C, Sections 27, 27A and 32L
• Individuals 18 years and older may legally purchase syringes and needles from a pharmacy without a prescription
• Disposal of syringes must be done safely and responsibly.

Chapter 111, Sections 127A
• Improper disposal of infectious or physically dangerous medical or biological waste may result in penalties of up to $25,000 or two years in a corrections facility.

POSSSESSION AND ADMINISTRATION OF NALOXONE/NARCAN

Chapter 192 of the Acts of 2012 includes the following language related to the possession and administration of naloxone:
• A person acting in good faith may receive a naloxone prescription, possess naloxone and administer naloxone to an individual appearing to experience an opiate-related overdose.
• Naloxone may lawfully be prescribed and dispensed to a person at risk of experiencing an opiate-related overdose or a family member, friend or other person in a position to assist a person at risk of experiencing an opiate-related overdose.
OVERDOSE EDUCATION AND NALOXONE/NARCAN DISTRIBUTION PROGRAMS

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


AIDS Action Committee
Boston and Cambridge: 617-437-6200

AIDS Support Group of Cape Cod
Falmouth: 774-763-6656
Hyannis: 508-778-1954
Provincetown: 508-487-8311

AIDS Project Worcester
Worcester: 508-755-3773

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

Boston Public Health Commission
(AHOPE Needle Exchange)
Boston: 617-534-3976 or 617-534-3967

Brockton Area Multi-Services
Brockton: 508-583-3405

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

Health Innovations – Healthy Streets
Lynn: 781-592-0243
English, Spanish

Holyoke Health Center
Holyoke: 413-420-2897

Justice Resource Institute
Framingham (RISE): 508-935-2960

Lowell Community Health Center
Lowell: 978-322-8657

Lowell House
Lowell: 978-459-8656

Manet Community Health Center
Quincy: 857-939-4108

North Shore Health Project
Gloucester: 978-283-0101

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

Tapestry Health
Greenfield: 413-773-8888
Holyoke: 413-315-3732 x 1
Northampton: 413-586-0310
Springfield: 413-363-9472

Victory Programs
Boston: 617-927-0836
GETTING NALOXONE/NARCAN FROM A PHARMACY

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

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

1. Obtain a prescription from your prescriber and take it to a pharmacy that stocks naloxone and they can dispense it and bill your insurance. Many pharmacies are able to fill naloxone prescriptions or can order it if needed.
2. Go directly to a pharmacy with a naloxone standing order and request a naloxone kit. For pharmacies with naloxone standing orders, a prescription from a prescriber is not needed.

- Many pharmacies in MA have a naloxone standing order, click here to see the latest list: [https://www.mass.gov/files/documents/2017/01/sw/pharmacies-so-nalaxone.pdf](https://www.mass.gov/files/documents/2017/01/sw/pharmacies-so-nalaxone.pdf) file size 1MB

- MassHealth covers the cost of Naloxone for members, as do many other insurers. Go to [http://masstapp.edc.org/prescribing-naloxone-and-pharmacy-access-naloxone-ma](http://masstapp.edc.org/prescribing-naloxone-and-pharmacy-access-naloxone-ma)

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

OTHER RESOURCES FOR NARCAN

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

Learn to Cope: Naloxone also is available at support groups for family members dealing with a loved one suffering from addiction. Go to [www.learn2cope.org](http://www.learn2cope.org) for meeting locations and times.
Primary care doctors and community health centers offer hepatitis C, HIV, and STD testing as well as vaccinations for hepatitis A and hepatitis B. If you don't have a doctor, you can get tested at one of the following community testing programs.

**Need support around Hepatitis C? 877-Help-Hep (877-435-7443)**

For more information, please visit [www.vpi.org/endhepcma](http://www.vpi.org/endhepcma)

### Greater Boston:

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

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<th>Organization</th>
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<tbody>
<tr>
<td>Global Care Medical Group P.C. Lowell</td>
<td>595 Pawtucket Boulevard Lowell, MA 01854</td>
<td>978-453-8261</td>
<td>Tine Vindenes, MD, MPH</td>
</tr>
<tr>
<td>Greater Lawrence Family Healthcare</td>
<td>1 Griffin Brook Drive Suite 101 Methuen, MA 01844</td>
<td>978-686-0090 978-686-0091</td>
<td>Katrina Baumgartner, MD</td>
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<td>Steven Ozaroff, PA</td>
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<td>Chris Bositis, MD</td>
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### Central MA:

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

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<tbody>
<tr>
<td>Baystate Medical Center</td>
<td>3300 Main Street, Springfield, MA 01107</td>
<td>413-794-5376</td>
<td>Armando Paez, MD</td>
</tr>
<tr>
<td>Health Services for the Homeless: Springfield</td>
<td>755 Worthington Street, Springfield, MA 01105</td>
<td>413-734-7140</td>
<td>Jessica Bossie, MD</td>
</tr>
<tr>
<td>Holyoke Health Center</td>
<td>230 Maple Street, Holyoke, MA 01040</td>
<td>413-420-2276</td>
<td>Tammi Kozuch, RN, ACRN</td>
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### South Shore & Cape Cod MA:

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

TRYING TO BE HEP C FREE

What is hepatitis C?
Hep C is a virus that attacks the liver. It is different from other kinds of hepatitis.
• There is no vaccine to prevent Hep C.
• Without medicine, most people with Hep C will have it forever and can pass it to others through blood.
• People with Hep C may feel healthy for many years, but over time Hep C causes liver damage and can cause cancer and death.

How is hepatitis C passed between users?
Hep C is spread by contact with blood, even amounts you can't see. This often happens when people share needles, syringes, spoons, cookers, prepare or drink, or anything used to tie off.

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

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

Pre-Exposure Prophylaxis (PrEP) Navigator Programs

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

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

AIDS Project Worcester
Worcester: 508.755.3773 x14

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

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

Boston Medical Center: STD Clinic & Project Trust
Boston: 617-414-7064 or 617-505-2534

Codman Square Community Health Center
Boston: 617-822-8350

East Boston Neighborhood Health Center
East Boston: 617-568-6261

Fenway Health: Main Site & South End
Boston: 857-313-6693 or 857-313-6630

Greater Lawrence Family Health Center
Lawrence: 978-689-6664 or 978-685-7663

Greater New Bedford Community Health Center
New Bedford: 508-992-6553

Lowell Community Health Center & METTA Center
Lowell: 978-221-6767

Massachusetts General Hospital STD/GID Clinic
Boston: 617-724-7864

Multicultural AIDS Coalition
Dorchester: 617-238-2404

Outer Cape Health Services
Provincetown: 508-487-9395 x2031

Seven Hills Behavioral Health
New Bedford: 508-996-0546

Sidney Borum Health Center
Boston: 857-313-6693 or 857-313-6630

Tapestry Health
Springfield: 413-586-2016 x 126

UMass Medical School
Worcester: 508-793-6579
Non-Occupational Post Exposure Prophylaxis (nPEP) for HIV

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

nPEP is only recommended for high risk exposures like:

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

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

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

SEXUAL ASSAULT AND INTIMATE PARTNER VIOLENCE

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

Sexual Assault Nurse Examiners (SANE)

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

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

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