Starting a Harm Reduction Program in East Tennessee

Choice Health Network
Harm Reduction
Health. Equity. Hope.
a Positively Living program

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TABLE OF CONTENTS

Introduction

Lesly-Marie Buer – Research Director

Choice Health Network (CHN) provides case management, mental health and medical services, HIV and hepatitis C (HCV) prevention services, and Harm Reduction primarily in East Tennessee. CHN Harm Reduction began offering services in 2018, providing syringe services (SSP), naloxone training and distribution, HIV and HCV testing, linkage to care, and wound care. CHN Harm Reduction has been operating in Knoxville since 2018, and will expand to Cocke County, Tennessee in 2020.

In 2019, CHN Harm Reduction received a Health Resources and Services Administration Rural Communities Opioid Response Program (RCORP) – Planning grant for Campbell, Cocke, Jefferson, and Scott Counties, Tennessee. Through this grant, we facilitated Tennessee's Central Appalachian Opioid Response (T-CAOR) consortium to create various assessments and plans to reduce rates HIV, HCV, overdose, and substance-use related infections through the provision of Harm Reduction services. Our goals have been to begin SSPs in rural counties, to increase naloxone distribution, and to begin safety checks for people who use drugs (PWUD) to prevent overdose deaths.

Harm Reduction is a social justice philosophy created by and for PWUD. Harm Reduction accepts that drug use is a part of our world and works to mitigate harms that come from drug use as well as the criminalization of drug use. According to Monique Tula, the uncapitalized "harm reduction" denotes a program that is only about reducing risks. The capitalized Harm Reduction, on the other hand, is an intersectional social movement that understands and addresses the multiple factors that place people at risk, from homelessness and lack of access to jobs that pay a living wage to discrimination based on identifying as LGBTQ+.[1] Harm Reduction calls for programs that empower PWUD to take care of their health and each other without stigma.

There are many wonderful guides available for starting a Harm Reduction program – we have benefitted from these and have included an informational resource list in this document. Our goal is not to recreate what has already been done, but to add to existing resources from our own experiences. Many guides are focused on areas that may not look like East Tennessee – they may not have our rurality, our legislation, and certainly not our beautiful hills. This is what we have found that works for us in this context. As always, please reach out to us if you have questions, suggestions, or just want to see what we are up to.

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[1]Godfrey, Will. 2018. "The Harm Reduction Movement: Bigger than Ever, but Facing Threats." *Filter*, https://filtermag.org/the-harm-reduction-movement-bigger-than-ever-but-facing-threats/.

Policies and Funding

Genoa Clark – Harm Reduction Director

Tennessee State Laws

Federal, state, and local policies largely dictate the operation of syringe service programs (SSPs) in Tennessee. Below are relevant state laws for SSP operators and participants that involve syringes, injection supplies, naloxone, and responding to an overdose.

Needle Possession/Officer Awareness (TCA 40-7-124):

- If you are stopped by an officer, let them know immediately that you have hypodermic needles. If you alert law enforcement to the presence of needles before they search you or your vehicle, you should not be charged or prosecuted for possession of drug paraphernalia for the needle(s).

Safe Syringe Act (TCA 68-1-136):

- The 2017 Safe Syringe Act is a limited immunity law. You are protected from being charged or prosecuted for needles as drug paraphernalia IF a) you are a participant and have your ID card; and, b) you are traveling to or from the SSP during the days and hours of operation.
- The law can be found here: https://www.tn.gov/content/dam/tn/health/documents/TN.SANE.Final.SB806.HB770.18May17.pdf

Good Samaritan Law (TCA 63-6-218):

- Provides immunity for administering naloxone to those acting in good faith that someone is experiencing an overdose.

Overdose Prosecution Immunity (TCA 63-1-156):

- Provides immunity from being arrested, charged, or prosecuted for drug-related violations if you experience an overdose or call 911 about someone experiencing an overdose. This ONLY applies to the person's first overdose involving 911 or emergency services.

Tennessee state guidelines for starting a SSP:

- Tennessee law requires SSPs to be state-approved in order to operate legally. The application process for operating a SSP contains key components of the Safe Syringe Act, including approval of each site by the state (sites must be 1000 feet from parks, schools, and greenways in metro areas and 2000 feet from parks, schools, and greenways in rural areas).
- The application to apply can be found here: https://www.tn.gov/content/dam/tn/health/program-areas/SSP%20Registration%20Form_TDH.pdf
- Tennessee SSPs are prohibited from using ANY public funds to purchase needles (federal, state, or local). Any program considering operating an SSP should be prepared to find private funding to provide supplies.

Funding

Controversy, lack of support, and legal restrictions can make operating SSPs cost-prohibitive. Creating a braided funding stream based on grants, financial donations, in-kind donations, and organizational support (if possible) allow for a diverse and sustainable program budget. Grant proposals are an integral part of the planning process for beginning an SSP.

In terms of in-kind donation, the Tennessee Department of Mental Health and Substance Abuse Services donates the Narcan we distribute through CHN Harm Reduction (shown on the right). DirectRelief donates the intramuscular naloxone we distribute. Below are some tips for sourcing funding and supplies.

Pay yourself for the work you already do: Make sure staff and Harm Reduction support (see Volunteer and Support Staff Engagement section) are paid for their contributions so that everyone who is engaged in providing services can reliably get a paycheck and go home and take care of their families. They are the backbone of the work!

What are you already doing and how can you tailor your grant proposal to make sure you're not always adding more to your workload? Pay special attention to general operations funding, funding to pay for overhead, and funding that applies to the programming you already have instead of proposing brand-new programming for each grant.

Not all money is good money: Often Harm Reduction programs are used to coming from a place of scarcity, but there are some funding sources that have other costs to consider. Here are some things to think about:

* Does the funder fit with your program's and organization's values?
* Are the grant's reporting requirements and goals realistic?
* Will the application process be an undue burden?
* Is staff time dedicated to grant-writing going to mean the program will be short-staffed while focusing on the proposal?

Rejection isn't personal: Make a better proposal and try again! Being rejected doesn't mean the grantor is necessarily a bad fit – regroup, re-apply, and ask for feedback from funders when possible.

Program Flow

Sam Armbruster – RCORP Program Manager

A Typical Day at SSP

Prior to the COVID-19 pandemic, CHN Harm Reduction in Knoxville operated out of a state-approved, fixed-location site, in the cafeteria of a local social service organization that primarily provides services to unhoused individuals. We used a van to bring supplies to the location, including: new participant enrollment forms, participant identification cards, syringes, safer injection supplies (cookers, tourniquets, cotton filters, band-aids, alcohol pads, sterile waters, sharps containers), syringe disposal bins, fentanyl test strips, nasal Narcan, intramuscular naloxone kits, wound care supplies, HIV and hepatitis C (HCV) test supplies and forms, HCV prevention kits, condoms and lube, a water cooler and cups, and cleaning supplies. It takes about 20 minutes for the team (and participants who always insist on helping) to set-up.

Each member of the team has their own table where they deliver services, with their own inventory of supplies (as shown to the left). There is also a table with supplies for our phlebotomist who draws blood for confirmatory HCV tests, in addition to meeting with participants who are not being tested. Near the blood draw table is a centrally located station where tests can be placed while they process. Test results are given in a separate room from the exchange to provide a private space for results. In the case of a positive test result, staff work together to connect an individual to the appropriate care.

At this location, participants usually had to wait in line for services. Next to the line, we placed a table with a basket of condoms, lube, a water cooler, and cups where individuals can easily access and take whatever they need. Staff or volunteers who are working the line talk to participants while they wait. If participants are new, they are asked to fill out enrollment paperwork and are given an anonymous, unique identification card; if participants have lost their identification card, they are provided a new card. These same staff or volunteers distribute nasal Narcan and intramuscular naloxone and provide training of their use while people are in line.

Participants choose to go to whichever table they would like – many participants will wait to see a specific person with whom they have built trust.

Participants take a seat at a table and drop their used syringes into a sharps disposal bin. Staff or volunteers greet the participant and share their own name, while emphasizing that because it is an anonymous service, the participant does not need to share their name in return. All participants are asked the following:

* What is your identification code?
* Have you been tested for HIV and HCV in the last 30 days?
* If you have not been tested, would you like to be tested today?
* Have you reversed any overdoses since your last visit?
* If you've reversed an overdose: Did the person survive? How many doses of naloxone did you use? What drug or drugs were the person using?
* Have you used any fentanyl test strips since your last visit?
* If you have used a fentanyl test strip: What were the results of the test strips and what drugs did you test?
* How many syringes are you bringing back?

Although there is a script of questions, the format is more conversational. Staff ensure that there is a chance to discuss other topics participants are interested in, ranging from the good things happening in their lives to needs they would like to receive support for. If the participant wants to get tested for HIV or HCV, staff perform the test(s) and bring the test(s) to the table, where it stays until it has processed and it is time to give the participant their results. If they have received a positive HCV antibody test before, they can choose to get a confirmatory blood draw that day. Participants can wait at the exchange to receive their results that day, leave and return before the exchange ends, or get their test results later. After the exchange ends, staff and volunteers sweep up any trash, wipe surfaces down with a bleach solution, and re-load the van.

<u>The New "Normal" of the Pandemic</u>

At the beginning of the pandemic, CHN Harm Reduction halted services for two weeks to determine the safest way to provide services while maximizing safety. No volunteers are working at SSP during this time to limit potential exposure. The most important aspects of providing services during this time have been flexibility and a willingness to shift how services are provided.

Currently, much of the Harm Reduction program looks the same as it did while operating out of the indoor fixed-site location: packing the van, the questions asked of participants, and the supplies that are provided. There are two major differences. We currently operate outdoors in a parking lot to prevent close contact and to provide an open-air space. The other difference is that participants are asked to call a phone monitored by a team member to make an appointment for a multiple-hour time slot during a specific day. This gives participants flexibility, but also helps ensure that no crowds form. People call or text the scheduling phone and are offered a specific day that they can come to pick up whatever supplies they need.

When participants arrive, they are required to wear a mask and practice social distancing (maintaining six feet of distance from other people). If they do not have a mask, we provide one.

Participants approach a clearly marked table where a staff member asks the questions listed above and finds out what supplies are needed. Another staff member who is stationed in the back of the van packs a bag with the requested items (as shown to the right). The supplies that participants can request are the same, though wound care supplies, condoms and lube, and safer injection supplies now come in pre-packaged kits. After packing items for the participant, one of the staff members place the bag on the ground six feet or more away from the participant and step back so that they can pick up their items. If the participant needs to be trained to use naloxone, staff provide that training. Individuals can pick up supplies for others who may be unable to make it to the exchange.

What the Future Holds

At the end of the pandemic, CHN Harm Reduction will likely be providing services from their office location and will have established a Harm Reduction program in Cocke County as well. It is difficult to imagine what form the exchange will take, but it will undoubtedly take many forms before it becomes concrete. One of the most important things to remember is that in Harm Reduction, meeting people where they are means being flexible and willing to make changes to best meet the needs of participants!

Outreach and Education

Jeremy Garner – Harm Reduction Coordinator

Outreach

CHN Harm Reduction does outreach in a variety of settings with different populations. With academic institutions, community-based organizations (CBOs), and advocacy groups, we often focus on explaining the importance of Harm Reduction, destigmatization of people who use drugs (PWUD), and why it is crucial to include PWUD in any program planning or decision-making processes. To reach even broader segments of the population, we table at health fairs and conferences relating to health and substance use. We offer education, naloxone distribution, and/or HIV and hepatitis C (HCV) testing at these tabling events, depending on the circumstances.

We also make efforts to reach PWUD through more targeted actions. We regularly complete outreach in our downtown area, in bars, in a few local medication-assisted treatment (MAT) facilities, and within partnering CBOs. This outreach includes naloxone and additional supply distribution, education about Harm Reduction, and HIV and HCV testing. Of note – due to Tennessee laws regulating where syringe services can occur, we generally cannot offer syringes at these locations. All of these events and actions often represent the first time we introduce someone to our program – which can be an opportune time to tell potential new participants or their friends and family members about our programming, to educate potential community supporters about what we do, and to recruit volunteers, as discussed more in a later section.

Outreach also occurs with Harm Reduction participants. If someone tests positive for HIV or HCV, for example, we communicate their status and link them to available services. This outreach involves contacting people through everyday avenues (e.g. text, email), and finding other ways to contact people if that doesn't work. We have built strong relationships with social service providers who work extensively with people who are unsheltered so we have better chances of finding participants who do not have phones. Our team is familiar with many of the camps where people who are unsheltered live, and regularly check those areas as well. Most of our participants mistrust law enforcement and other state institutions that are punitive. Understand and be honest about your relationships with these institutions and what exactly that means for how your organization is perceived and how your participants are treated.

This type of outreach can involve development of intense ties and some participants could use extensive support to navigate the high-risk environments in which they've been placed. Staff boundaries and self-care become critical here. Some of those boundaries might be with work itself (e.g. turning off the work phone on weekends) or with individual participants (e.g. not publicizing staff's personal cell numbers). Discussing boundaries and respecting, rather than criticizing, those boundaries has been important to us as a team as we see it as a fundamental aspect of self-care. Being clear with other staff and participants about our boundaries leads to a type of communication and trust that is based on honesty and sincerity, rather than a person straining themselves until they are dysfunctional. This may be a time to speak with participants about boundaries in their own lives. It also provides space to at times prevent and other times navigate the vicarious trauma both staff members and participants regularly experience.

Setting boundaries is not only about staff protecting our inner worlds, but also not letting ingrained values based on stigma seep into our outreach. We have found that a vital part of outreach is not imposing our personal will, especially as it relates to substance use treatment. Since we are all taught certain values throughout our lives, this can be a hard thing to do. For us, the first step has been examining our values, discussing how certain privileges we have influence values, and trying to understand how our values shape our work. Harm Reduction asks us to shift values from "saving" someone, to meeting people where they are at, asking and, if possible, providing what support people ask for, and respecting people's autonomy and decision making. Overall, this means being open, listening, and asking questions of participants, not to be nosy, but to show care and to gain a better understanding of their circumstances. Consistently showing the respect, empathy, and dignity that Harm Reduction requires leads to trust and alliance.

<u>Participant Education</u>

Much of the participant education we do is when someone tests positive for HIV or HCV. But we are asked many questions, especially about locally available resources. We keep referral information for local food pantries, housing support, mental health providers, HCV and HIV treatment, and substance use treatment.

If someone tests positive for HIV, in the moment, we answer any questions they have and quickly connect them with the CHN clinic, so they can be connected to clinical and social services as soon as possible. Additional education comes with the first medical and case management appointments.

There are not as many resources for those who test positive for HCV. Participants, especially those who are uninsured, may not have immediate access to HCV treatment, and therefore do not have access to individualized conversations with a treatment provider. Thus, most education participants may receive will be coming from our team. We provide basic information on the different types of hepatitis, routes of transmission, and treatment providers that are available locally. The Centers for Disease Control and Prevention and The Hepatitis C Mentor and Support Group (see the Further Informational Resources section for their websites) have useful handouts for participant education.

Clinical Services and Clinical Education

Greg Stafford – Harm Reduction Medical Coordinator

Testing

We have integrated opt-in HIV and hepatitis C (HCV) testing into our syringe services program (SSP). When someone sits at our table for SSP, we ask if they have been tested for HIV and HCV in the last three months. If they say no, we tell them that we recommend testing every three months, provide some education, and ask if they would like to be tested. If they say no, we say okay, and move on. Part of Harm Reduction is respecting people's autonomy over their health, and not coercing people into using certain services is part of that respect. If someone would like to be tested, we explain the process, review consent, and complete necessary paperwork, which we have streamlined as much as possible to reduce barriers to testing.

Hepatitis is the most common chronic blood pathogen, causing inflammation and damage to the liver over time. Three types of hepatitis are most widespread in the United States:

Virus Type	How Transmitted	Treatment Availability	Vaccine Availability
Hepatitis A (HAV)	Fecal-oral	Supportive treatment only	Yes
Hepatitis B (HBV)	Blood/bodily fluids	Supportive treatment only	Yes
Hepatitis C (HCV)	Blood/bodily fluids	Supportive treatment/ antivirals that can lead to cure	No

HCV is ten times more contagious than HIV and the scarring that it produces to the liver eventually leads to cirrhosis. Bleaching syringes and supplies is not an effective means to kill HCV.

HCV testing is a two-step process. The first test is a rapid screening using a finger stick that detects HCV antibodies in the blood. If someone has *ever* been exposed to HCV, they will *always* test positive for HCV antibodies. Thus, if someone has ever had a reactive HCV antibody test, they do not need to be screened a second time for antibodies – the test will always show that they have antibodies. Having HCV antibodies does not mean that a person has an active HCV infection. The Tennessee Department of Health provides HCV antibody rapid tests to various organizations and requires a training that accompanies testing.

If someone has a reactive HCV antibody test, they are referred to confirmatory testing that determines if they have an active infection. Confirmatory testing is integrated within

our SSP and requires a blood draw. There are several complications that can occur with HCV testing:

- After exposure to HCV, there is a window period where antibodies may not appear;
- And, co-infections with HIV may give false negative results due to the body's inability to form antibodies to HCV.

If we confirm that someone has an active HCV infection, we make every attempt to link them to care. Since HCV treatment remains difficult to get due to financial and insurance restrictions, at times that linkage becomes individualized HCV education.

HIV is a virus that is transmitted through blood, semen, pre-seminal fluid, vaginal fluid, rectal fluid, and breast milk. There is currently no HIV cure, but treatment can lead to virus levels being undetectable in the body. A common phrase is now "U=U," which means that if someone's viral load is undetectable, then the virus is untransmittable. There are also pharmaceuticals that can help prevent HIV infection. Post-exposure prophylaxis (PEP) can prevent the transmission of HIV to someone who is HIV-negative if taken within 72 hours of exposure to HIV. Pre-exposure prophylaxis (PrEP) may be used by someone who is HIV-negative to prevent the transmission of HIV to themselves.

HIV testing is done with two different rapid antibody tests that screen blood acquired through finger sticks. Two reactive screens confirm HIV. If someone is confirmed to have HIV, we immediately refer them to clinical care through Choice Health Network, where we have a rapid start system to ensure participants can access medications as soon as possible. If an organization is undertaking HIV screening, it is vital that participants are told their status and connected to clinical care as soon as possible. The treatment for HIV is antivirals that help lower the amount of virus in the blood, hopefully leading to an undetectable status. There are also wraparound services available to people living with HIV.

<u>Additional Clinical Services</u>

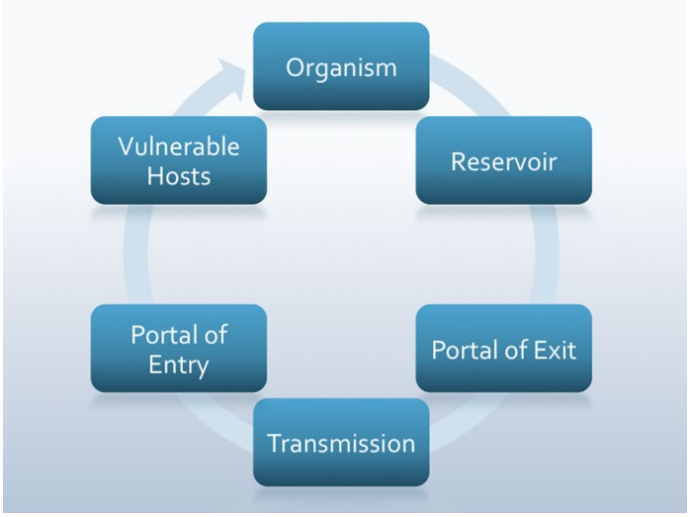
Prior to delivering SSP or any clinical services, including testing and wound care, providers should be trained on bloodborne pathogens. Bloodborne pathogens are transmitted through any bodily fluid, except sweat. A pathogen may include a bacterium, virus, or other microorganism that can cause disease. Some bloodborne pathogens may be transmitted through direct contact, including:

- Direct physical contact (e.g. skin to skin, kissing, intercourse);
- And, droplet spread (e.g. sneezing, talking, coughing).

Pathogens may also be transmitted through indirect contact, including:

- Airborne;
- Vehicle borne (e.g. syringes, injection supplies);
- And, vector borne (e.g. mosquitoes, fleas).

When talking about bloodborne pathogens, we often talk about a chain of infection, seen to the right. Breaking any one of the links between steps stops the pathogen's transmission. For example, using a new, unused syringe and injection supplies breaks the chain at the portal of entry.



On page 26, there is an "Infection Prevention" guide that we share with participants. Overall, wounds should be cleaned with soap and water frequently. Open wounds should be bandaged with a thin layer of ointment.

Clinical Education

Nursing student education in our program has been helpful to participants and staff, as well as providing valuable learning experiences to our future caregivers. The most important aspect for student growth is the interactions they have with participants, where participants' stories show people who use drugs as individuals navigating complex systems. This breaks the stereotypes that students may have been taught in the medical system. In our program, students have…

* Worked in the intake line, gathering basic data from participants, enrolling new participants, and speaking with folks about their experiences;
* Assisted in delivering harm reduction services, where they learn about the provision of services, how participants utilize different supplies, and participants' lives;
* And, observed clinicians administering HIV and HCV screenings as well wound care in the Harm Reduction program setting.

Overall, these experiences build empathy and encourage social interaction with participants in a non-medical way, thus strengthening students' ability to have holistic conversations with future patients. Having nursing students onsite gives participants the opportunity to be knowledge producers who are involved with the training of future caregivers with whom they may come in contact. This is especially important for people who use drugs, many of whom have had dehumanizing experiences with clinicians, clinics, or hospitals.

How do you recruit students? Most colleges of nursing have clinical rotations that they classify as "community" or "public health" nursing. We have had success in reaching out to the professors in those classes with basic information about SSPs, their public health impact, and what students may learn within the SSP. If the college does not need clinical sites, you can offer to be a volunteer site for students who want to volunteer in public health. This will allow you to recruit students to the SSP, but not directly link the program with the college.

New Diagnoses and Linkage to Care

Lindy Clapp – Harm Reduction Coordinator

Delivering Test Results

Most importantly, anyone delivering HIV and hepatitis C (HCV) results should either be a medical professional or have completed Tennessee Department of Health's "I Know" training for HIV and community-based rapid testing training for HCV. Below are some additional key points when delivering results.

Keys to Effectively Delivering ALL Test Results
Deliver the information clearly in a direct, neutral tone
Deliver results in a quiet place that allows the person to absorb information
Deliver ALL results in the same location, so people do not feel stigmatized for being called into a specific room or area
Don't overload the person with information
Listen if they want to talk, and allow moments of silence if they are visibly shaken
Be flexible and supportive of the person's needs
Reconfirm that their medical information is confidential, but will be reported to Tennessee Department of Health
Keys to Effectively Delivering HIV Positive Test Results
Reassure them that HIV treatment has improved drastically
Let them know that they will never have to pay for HIV medications
Reassure them that if they take HIV medications (one pill, once a day, with few side effects), they can live a full life
Give them information about assistance with food, transport to appointments, dental insurance, housing assistance, and case management. Many people experience improved health and lifestyle after they are diagnosed with HIV because of the additional assistance that comes with medical care.

Linkage to Care

Prior to starting testing, we developed a protocol for linking people to care. Part of this is building good relationships with staff at specialty clinics and the health department so that we can have warm referrals. A list of referrals for various needs is included in this document. If possible, we make clinics aware of the days and times we will be testing, so they know when to expect a call from us to schedule someone who is newly diagnosed. New diagnoses can feel chaotic to both the person being diagnosed and to staff – we have information readily available to provide quick, easy access to emotional and practical support resources. If you need a list of providers for HIV and HCV care in the Knoxville, East Tennessee area, please reach out to us to get our most updated list.

When someone is first diagnosed, we discuss the person's current resources, such as health status, current source of income, physical ability, access to the Internet and phone, and friends and family, and how those might facilitate or create barriers to care. For those diagnosed with HIV, we try to make their first clinic appointment while the person is still with a staff member. If wanted or needed, we arrange for transportation to their first appointment. Due to fewer resources for HCV treatment, we work with the participant to determine the best course of action. This may be helping them make an appointment, or providing education and resources to help them navigate HCV, such as distributing one of The Hepatitis C Mentor and Support Group's HCV prevention kits (shown below). We remind people of the phone number to contact someone from our team for follow-up. We let them know that we will be available during business hours and will get back to them as soon as possible if they call outside of those hours.

Follow-up After First Appointment

Designate at least one person on the team who knows the referral information for people living with HIV or HCV. When delivering Harm Reduction services, allow people living with HIV or HCV to access services anonymously like everyone else, but if they request help, they can be directed to the team member who knows most about referrals and case management. This staff person keeps a record of upcoming appointments and other important dates, so they can communicate these dates to people during Harm Reduction services or community outreach. Our staff check-in with people regularly, asking if we can assist them in any other ways, such as linking them to housing or additional health services. These check-ins are also about listening to how people feel, both mentally and physically. We ensure that people living with HIV especially are provided with as many syringes and injection supplies as they need.

The Hepatitis C Mentor and Support Group's HCV Prevention Kit (mouthwash, shampoo, soap, comb, toothbrush, toothpaste, razor, nail clippers)

Data

Lesly-Marie Buer – Research Director

Which Data?

Deciding which data we wanted to collect was our first step, and it is an ongoing process. Much of our data is required by grants and the state. Both granting organizations and state agencies require different metrics to be reported out via various methods and timeframes, which quickly becomes complicated. We have found it helpful to have a spreadsheet with all variables that need to be collected, who requires those data, and how it is reported. If we find requirements to be too burdensome for our program or our participants, we have found states agencies in Tennessee to be especially receptive to our concerns and to tailor requirements for our local context.

To show basic outcomes to our community and to evaluate the effectiveness, efficiency, and accessibility of CHN Harm Reduction, we collect our own data each time someone visits the program as well as on a quarterly basis. For every visit, we record how many syringes we are collecting and providing and ask participants about experiences using naloxone or fentanyl test strips. On a quarterly basis, we ask participants about syringe coverage (a widely accepted indicator that measures if we are providing participants enough syringes), about changes in how they use drugs since coming to the program, and about their program satisfaction. We also use indicators that do not involve speaking with participants, like how many people we serve, how many HIV and hepatitis C tests we perform, and how many social media posts we make every quarter.

Our goal is to have a very low barrier program, and asking too many questions during the intake or visit process can create substantial barriers. Collecting data uses people's valuable time and uses their story to meet aims that may not directly benefit them. For every question, we discuss its necessity and level of invasiveness before deciding whether to ask it. After we ask participants new questions, we reevaluate with our team, deciding whether to keep or alter the question.

We have been asked by various outside entities to either collect new information or to give them access to our participants to complete research. We take these inquiries seriously. Larger organizations often have their own Institutional Review Board (IRB) to review such requests. We do not currently have this capacity. Instead, we require all incoming research to have IRB approval from their home institution (generally an academic institution) and determine the possible benefit of the research to participants, to the broader community, and to Harm Reduction. We also ensure that research is appropriately compensating participants for their time and that participants are never required to complete such research to utilize services.

Data Collection

Determining the best way to collect data in a mobile, fast-paced environment with few resources is an ongoing journey. We started with paper forms, which is the fastest method in the moment. On the downside, to make data usable, it must be entered into

spreadsheets, which takes an enormous amount of time on the backend. Plus, in our context, some paper forms will inevitably be lost or destroyed. We then moved to a basic spreadsheet to enter data on laptops during services, to prevent the data entry work after. This is okay when we are able to provide services in a sheltered location, but proves harder if we are outside. Plus, a basic spreadsheet does not allow you to make notes about participants or follow participants through time during services. This is problematic for a few reasons. First, we recommend people are tested for HIV and HCV every three months, and many people ask us when they were last tested. With just a basic spreadsheet, this is hard to search for in the moment. Second, we often have messages for participants about testing, referrals, et cetera, and it is difficult to reliably relay those messages without a built-in system, which a spreadsheet really cannot provide.

There are widely available and cheaper databases that could work for programs that are immobile and have fewer users than ours. We attempted to use the electronic health record system within our organization – but it was simply not built for our type of anonymous, high visit volume program. There are some sophisticated cloud-based options for organizations with large revenues and extensive IT departments – neither of which we have. There is a possibility to partner with academic institutions to access these, but data ownership then becomes a question. We have found a smaller cloud-based database that works exclusively with harm reduction programs, Neo360. We have not implemented data collection through this system, but will report out how it works for us.

Reporting Out

Each granting organization and state agency will have their own methods of submitting data – a shared team calendar with important dates is helpful in preventing mishaps. We also want to make sure our team, organization, participants, and community are kept informed. We create a monthly report for our team and organization, with key data shared in an infographic on social media and through an emailed newsletter (see below). This helps keep communication open between all parties involved – which can grow support and give space for constructive critique. A longer annual report has similar goals, but offers both quantitative and qualitative data to reveal the more complex story of CHN Harm Reduction.

We also want to effect broader changes by advocating for evidence-based policies and programs that promote health and equity. We do this by reporting out on a broader scale via popular media sources, such as news organizations, and peer-reviewed journals. It is important to us to showcase what works for us, and what hasn't, so we, as Harm Reductionists, can move forward in offering the best possible services and supports.

Volunteer and Support Staff

Ashley Gustafson – AmeriCorps VISTA Member

Determine the Need for Volunteers and Support Staff

Volunteers and support staff can be an enormous asset to an organization, but it is vital that both the organization and volunteer value the engagement. Some important first questions are: How will volunteers benefit the agency? How will the experiences benefit volunteers and participants? What volunteer opportunities are available?

Volunteers play an important role in Harm Reduction programs by staffing the SSP, assembling and distributing naloxone kits, providing program feedback, and becoming community advocates for Harm Reduction. In turn, volunteers learn about Harm Reduction, about the impact of the program on communities, and about the communities in which they live.

Harm Reduction Support are participants who are compensated for their time when they are contributing to the running of the program. While it is necessary to hire people with lived experience of substance use and other life experiences for staff positions, there are also many activities that do not require a full-time position and there are many participants who only have time to commit a few hours a week. Harm Reduction Support have noted that this position is empowering as it allows them to give continuous program feedback, to contribute to program expansion, and to provide education on drug use to others.

Recruiting Volunteers and Support Staff

In terms of recruiting volunteers and support staff from Harm Reduction program participants, it is important for the person who is coordinating volunteers to be present to speak with participants in order to inform them about volunteer opportunities as well as gauge interest and availability. As volunteers or support staff become involved, it is important to be understanding and persistent. Participants often have many barriers that effect their ability to volunteer at certain times, but we continue to communicate and build relationships with them. Continuously showing appreciation to volunteers and support staff is also key.

ALWAYS SHOW VOLUNTEERS THAT YOU APPRECIATE THEM AND THEIR SERVICE

We have had success involving non-participant community members via volunteer recruitment platforms, such as Volunteer East Tennessee and VolunteerMatch (a membership fee may be required for both platforms). Other ways of recruiting non-participant volunteers include reaching out to local schools and colleges, social justice organizations, faith-based organizations, and other community groups. Many community members are unaware of harm reduction, and their volunteerism can help build community acceptance. That said, it is vital to offer an in-depth Harm Reduction training prior to volunteers becoming active with the organization – this ensures that they in fact do want to assist in delivering Harm Reduction services and that they maintain the respectful environment of the program.

Creating a Volunteer and Support Staff Orientation

Before a volunteer or Harm Reduction Support agrees to become involved in our program, we provide them with information on our organization, services provided, and volunteer opportunities so that they may determine if the position would work for them.

Once they express interest in moving forward, we meet with potential volunteers and Harm Reduction Support to provide further trainings and to determine which position may be a good fit. We train them for the specific position they are interested in, with all positions receiving an overview of Harm Reduction. If they want to make naloxone kits, we show them how to do so. If they are interested in staffing SSP, we review bloodborne pathogens, confidentiality and HIPPA, participants' rights, and program flow.

AmeriCorps Members

We have benefitted immensely by having two AmeriCorps VISTA Members for the 2019-2020 year. The Community Action Center (CAC) in Knoxville houses an AmeriCorps sector that serves Knox and surrounding counties. They have several AmeriCorps programs, but the program most relevant to CHN Harm Reduction and other community-based organizations is likely AmeriCorps VISTA. VISTA members primarily focus on building capacity for the agency they are placed within to create sustainable and adaptable organizational protocols and programs.

While one of our VISTA members focused on social media (see below), I focused on restructuring and developing the volunteer program, recruiting participant and non-participant volunteers and Harm Reduction Support, creating a volunteer and support staff training module, and providing community education about Harm Reduction. Being at CHN Harm Reduction has allowed me to gain further knowledge about Harm Reduction and the inequalities that many face in their daily lives. I have the goal of using this knowledge in my future career in the medical field by educating others and reducing the stigma surrounding people who use drugs.

To learn more about AmeriCorps, go to the national website: https://www.nationalservice.gov/programs/americorps. CAC AmeriCorps contacts include:

* Jason Scott, Program Director, Jason.Scott@knoxcac.org;
* Christine Doka, Assistant Program Director, Christine.Doka@knoxcac.org;
* Mark Carper, Special Projects Coordinator, Mark.Carper@knoxcac.org.

Community Outreach and Program Planning

Sam Armbruster – RCORP Program Manager

A Seat at the Table

When starting community outreach, we cast a wide net for who to involve because most in the community have a stake in its wellbeing, even if their understandings of how to support that wellbeing differ. Community outreach is not only about educating the community about Harm Reduction, but also learning about and from the community, which is particularly important when planning a program. We reached out to the following groups and individuals:

- People who use drugs
- People with lived experience
- Harm reduction organizations
- Peer support/Certified Peer Recovery Specialists (CPRS)
- Mental health providers
- Local advocacy/social justice/activist groups
- Local government
- Family justice centers
- Healthcare workers
- Hospitals
- Business owners
- First responders/law enforcement officers
- Drug and recovery courts
- Community Mental Health Centers (CMHCs)
- Health departments
- Federally Qualified Health Centers (FQHCs)
- Medication-assisted treatment (MAT) providers
- Recovery groups
- Primary prevention/anti-drug coalitions
- Homeless coalitions
- Domestic violence shelters
- Pharmacists/pharmacy staff
- Faith leaders
- Social services agencies
- Jail administrators
- Others identified by the community!

Press releases in local newspapers may help engage those who are interested, but are not part of these predefined groups. Recruiting members of these groups can be challenging unless there is a preexisting relationship – attending coalition meetings, health council meetings, and other community events can be a way to build these relationships. If you have a question about something, contact people for help. They may not always respond or be able to assist, but this is another way to build connections. People can just be difficult to contact via phone or email – we have dropped into many offices, sometimes we get to schedule an appointment, sometimes we don't, but asking never hurts.

Engage with Ideas Together

Community education is key to any organization's community outreach. We tell people about the work we do and about Harm Reduction more broadly. We have found that if

you are expanding an existing program or have a space already, inviting stakeholders to see the setup gives context to and demystifies the project. Including members of our staff, Harm Reduction Support, and volunteers in meetings and events ensures they understand community outreach and makes them recognizable to community members, giving friendly faces to put with the program.

All of us are passionate about Harm Reduction, and while we want that passion to show through our work and presentations, Harm Reduction is not about imposing our values onto others. We meet people where they are at, give them the information we have and the support we can, and hope that they will decide to support Harm Reduction in turn.

Community outreach is about telling people about our program, but it's also about providing space for stakeholders to share their expectations for a Harm Reduction program and to have open, honest discussions about why they have those expectations for the program. This is a key time for the community to have nuanced discussions about Harm Reduction that reveal things community members are excited about, as well as things they may not understand or support.

When engaging with the community, especially when creating specific program plans, it is important to make sure the planning process centers on actions that are doable – growing a program is always possible, making promises that cannot be delivered upon or starting too big can be ineffective and cause chaos and distrust. Involving the community throughout the planning process helps create programs that are grounded in community needs and people's lived realities.

Mutual trust and rapport are also built through consistency and flexibility. Openly communicating through planning processes and program implementation assures that people are informed about what is happening in their community. This may involve sharing organizational social media accounts or routine emails and newsletters. Our newsletter includes program updates, information about Harm Reduction, and minutes from previous meetings.

Doing what we say we are going to do is incredibly important to our team. At the same time, we understand that we must be flexible with others and continue to offer support and information even if someone is unable to be present for time periods.

Being Reliable and Nonjudgmental Towards *All* Community Members are Primary Goals

Meeting Logistics

Try to find a meeting space that is centrally located, or that makes it easier for those with the most limited scheduling options able to attend. Using a digital meeting platform can

be a good alternative option (since COVID-19, many people have become more adept at these), but remember that not all stakeholders may have Internet access.

Schedule time to stay after meetings to speak one-on-one or in small groups with stakeholders to discuss any questions, ideas, or concerns that they may not want to discuss in a larger meeting. In the same vein, plan visits to meet with specific stakeholders to build relationships and give the option of having lunch or coffee together. While food is not necessary, sometimes meeting in a more informal context can allow for more open conversations about program ideas.

A note about food – no matter where you are, food brings people together. When stakeholders come to your meeting, they are sharing their time. Providing food and letting them multi-task shows goodwill. Ask people what they want, the answer may surprise you and providing preferred food can make your meeting a favorite to attend.

Planning for the Long-term

It is important to lay a solid groundwork for future programs. In addition to a needs assessment, which identifies concerns and issues that are effecting the community, we created plans that considered strategies, workforce development needs, and sustainability. From the outset, we have built evaluation into our programs to ensure we are best meeting the needs of participants and staff. As you complete planning, be sure to let community input guide the work that you are doing. Discuss each piece of planning with as wide a group as possible to ensure that you are considering and incorporating the expectations and needs of community members.

A strategic plan identifies the specific goals and objectives to address the issues identified in the needs assessment. We break down the individual pieces of the program that need to happen to achieve the goals and objectives. It may be helpful to look at other harm reduction groups to see what services they offer or to reach out to harm reductionists to discuss their lessons learned in creating programs. Consider places for collaboration with other organizations to achieve goals – duplicating services is generally unhelpful.

When considering workforce development needs, we outlined what skills volunteers, support staff, and staff need, how they will be compensated for their time, what benefits they may be eligible for, and what services they will be providing in their role. This helps determine the program's feasibility based on the workforce resources that are available. Sustainability involves outlining what specifically needs to happen to continue the program long-term. We identify multiple funding sources to prepare for funding changes, include partnerships with other organizations and groups that will help keep programming going, and plan to build and strengthen community partnerships over time.

Although it may feel like a lot to create these documents and account for the many individual pieces of the program, it can help ensure no aspects of the program are overlooked. Additionally, if there are any transitions in managing the program, having all this information in one centralized location can ease stress on the program as well as its participants, staff, and volunteers.

Social Media Outreach

Rachel Incorvati – AmeriCorps VISTA Member

Getting Started

Social media provides ways in which to reach program supporters and participants as well as the broader community in order to provide education, destigmatizing messaging, and program information. The first step is to think about what messages and services you want potential followers to be aware of – ideally, people will understand your messaging by just glancing at any one of your social media accounts.

Next, create accounts on the largest three platforms: Instagram, Twitter, and Facebook. We have had the most success with Instagram, followed by Facebook. Try to make the handles on each platform similar (e.g., we are @chnharmreduction on Instagram and Choice Health Network Harm Reduction on Facebook), but make sure each account has its own unique password for basic security purposes. Due to inevitable turnover in organizations, make sure at least a few people on the team have access to a document with all account names and passwords that is stored in a secure location.

Once we built substantial followings on social media, we created a newsletter to keep participants, volunteers, and others in the know of all the exciting work we're doing. Some people are not on social media, some take breaks, and some news gets lost, so this can be a good way to reach different groups. We have used Mailchimp for this.

Social Media Guidelines

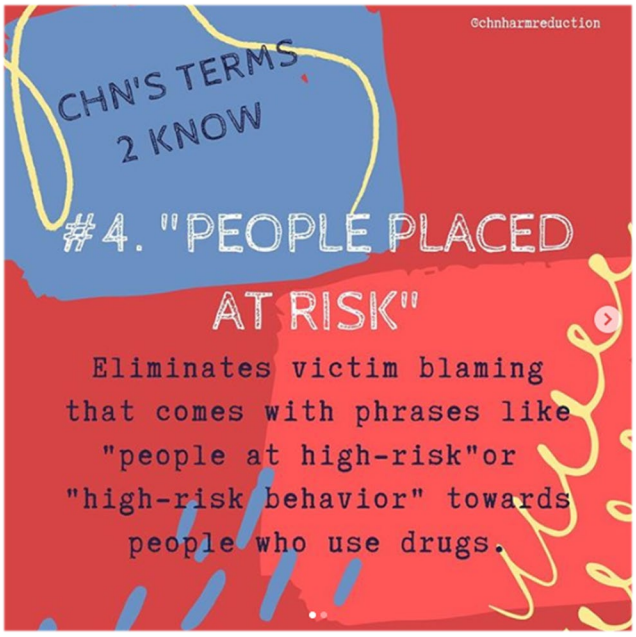
We created social media guidelines so everyone on our team and in our organization was on the same page. Here are some of the do's and don'ts that work for us:

Do's	Don'ts
Use person first terms (e.g., PWUD)	Sharing posts with any particular religious ideology
Use "someone who no longer uses" and "someone who uses drugs" versus someone who is "clean" or "dirty"	As a non-profit, sharing posts that directly target or endorse a specific candidate
Use "someone living with HIV (or HCV)" versus "someone stricken with HIV/an HIV+ patient/etc."	Sharing posts that include violence, profanity, or nudity
Use "participants" (actively engaged) versus "clients" (passive)	Giving medical advice to an individual outside of a clinical or outreach environment
Focus on particular policies that may support or harm participants	
Share evidence-based practices	

Crafting An Aesthetic

Some basic planning can make posts look like they come from the same program across time and various platforms. Here are some things to consider from the beginning:

* Color scheme – if you already have a logo, pull colors from it and consider adding a few accent colors. It's okay to deviate from the color scheme from time to time (especially for changing seasons or holidays), but a consistent color scheme is great for establishing a known presence.
* Fonts – must be legible and relevant to the context of the post.
* Hashtags – are there any that ring true to the philosophy of your program? Is there room to come up with your own? It's good to have a handful of consistent hashtags so people can find you (e.g., #supportnotstigma and #meetpeoplewheretheyare have been helpful to us).
* Branding – for program-created content (e.g., Instagram post), include your handle somewhere within it so folks know it is your content. Including a handle also makes it easier for people to trace a post back to you if another account shares it.
* Including participants – share as much participant created content as possible, with their permission. This leads to great content and is another way to include participants in programming.



This Instagram post (left) shows our general aesthetic in terms of font and colors. The red, dark blue, and light blue are from our logo, and the coral and yellow are the accent colors.

This post (right) is celebrating Valentine's Day with completely different colors, but with similar fonts that we often use and a standard message, "support not stigma."

Informative Resources

Lesly-Marie Buer – Research Director

Harm Reduction

Centers for Disease Control and Prevention Syringe Services Programs (https://www.cdc.gov/ssp/index.html): Provides a variety of resources to show effectiveness of and some guidelines for syringe services programs.

The Chicago Recovery Alliance (https://anypositivechange.org/): A coalition of people who use drugs, people living with HIV, and people who work in substance use disorder treatment, healthcare, education, and law. CRA builds one-on-one relationships with individuals affected by HIV and drug use to provide a wide array of options for achieving any positive change as people define it for themselves.

Comer Family Foundation (http://www.comerfamilyfoundation.org/): A family foundation with grant-making programs that include harm reduction. The foundation also produces helpful information for starting and maintaining a harm reduction program.

DirectRelief (https://www.directrelief.org/issue/opioid-epidemic/): Through an application process, DirectRelief donates intramuscular naloxone and associated syringes to community health centers, free and charitable clinics, public health departments, and additional non-profit providers.

Drug Policy Alliance (www.drugpolicy.org): A national and international advocacy organization based in the United States focused on reforming regressive drug and criminal policies.

Harm Reduction Coalition (https://harmreduction.org): A United States national organization providing education, resources, and leadership on Harm Reduction and drug policy reform.

Harm Reduction International (www.hri.global): An international organization providing education, research, and advocacy for Harm Reduction.

National Advocates for Pregnant Women (www.advocatesforpregnantwomen.org): A United States national reproductive justice organization that provides legal services and research to advocate for drug policies that do not violate reproductive rights.

North Carolina Harm Reduction Coalition (www.nchrc.org): Advocates for Harm Reduction in North Carolina and supports a network of Harm Reduction programs across the state.

Open Society Foundations Harm Reduction (https://www.opensocietyfoundations.org/voices/topics/harm-reduction): Provides Harm Reduction resources and advocates for policies that advance the health and rights of people who use drugs.

SisterReach (https://sisterreach.org): A reproductive justice organization based in Memphis, Tennessee that provides education and policy advocacy to support the reproductive needs of people of color, rural people, and people who use drugs. Provides research on policies that criminalize people who are pregnant and use drugs.

Steady Collective (www.steadycollective.org): Advocates for Harm Reduction and delivers Harm Reducation services at multiple sites in Asheville, North Carolina.

Tennessee Department of Health Syringe Services Program (https://www.tn.gov/health/health-program-areas/std/std/syringe-services-program.html): Provides information on Tennessee requirements for starting a program and providing data to the Tennessee Department of Health.

Tennessee Department of Mental Health and Substance Abuse Services Regional Overdose Prevention Specialists (https://www.tn.gov/behavioral-health/substance-abuse-services/prevention/rops.html): The Regional Overdose Prevention Specialists (ROPS) are local points of contact for the Tennessee Department of Mental Health and Substance Abuse Services' efforts to reduce overdose deaths by providing education and training on overdoses, including use of nasal naloxone.

Urban Survivor's Union (https://ncurbansurvivorunion.org): A program based in North Carolina aimed at empowering people who use drugs to advocate for their rights and engage in Harm Reduction programming.

Hepatitis C

Canadian Public Health Services Hepatitis C (https://www.canada.ca/en/public-health/services/diseases/hepatitis-c.html): Provides information on hepatitis C (HCV), awareness resources, and links to programs that prevent and treat HCV.

Centers for Disease Control and Prevention Hepatitis C (https://www.cdc.gov/hepatitis/hcv/index.htm): Provides information on hepatitis C (HCV) and awareness resources.

The Hepatitis C Mentor and Support Group, Inc. (https://www.hepatitiscmsg.org/): Provides educational materials, health care provider trainings, kits for people living with HCV, and informational resources on HCV, treatment, and support services.

Tennessee Department of Health Hepatitis C (https://www.tn.gov/health/cedep/viral-hepatitis/hepatitis-c.html): Provides information on HCV, awareness resources, and Tennessee HCV data.

HIV

AIDS United (https://www.aidsunited.org/): Provides resources, technical assistance, advocacy, and grants focused on decreasing the impact of HIV, including a fund focused on syringe services programs.

Centers for Disease Control and Prevention HIV (https://www.cdc.gov/hiv/default.html): Provides information on HIV and awareness resources.

Tennessee Department of Health HIV (https://www.tn.gov/health/cedep/reportable-diseases/hiv.html): Provides information on HIV, awareness resources, Tennessee HIV data, and pre-exposure prophylaxis (PrEP).

Wound Care and Outreach Health Care

Bevel Up (https://mediaspace.nfb.ca/epk/bevel-up/): Documentary film with educational resources on providing outreach health care to people who use drugs.

Appalachia

Appalshop (www.appalshop.org): Documents the lives and voices the concerns of Appalachians through place-based arts and media.

Highlander Research and Education Center (www.highlandercenter.org): Provides education and engages in participatory research to create spaces where organizing can occur to produce cultural change based on social and economic justice.

The Stay Project (www.thestayproject.com): The Stay Together Appalachian Youth Project is a diverse regional youth network that collaborates to imagine and create a sustainable, justice-oriented Appalachian future.

Referral Resources

Sam Armbruster – RCORP Program Manager

Anti-drug Coalitions

EMPOWER Cocke County (http://www.empowercockecounty.com/): Multi-denominational church-based effort that provides court-appointed, faith-based alcohol and drug, domestic violence, anger management, and other classes for community members. Counties served: **Cocke**.

Metro Drug Coalition (https://metrodrug.org/): Community-based substance use prevention organization that provides recovery resources, group meetings, recovery housing support, and other services to Knox County and the surrounding area. Counties served: **Knox**.

Rescue 180 (http://rescue180.com/): Faith-based primary prevention initiative that provides community education aiming to prevent youth substance use and neonatal abstinence syndrome. Rescue 180 also reaches out to people who have recently overdosed to offer services, and provides collaborative naloxone training. Counties served: **Jefferson**.

Schools Together Allowing No Drugs (STAND) (https://standcoalition.org/): Community-based coalition that aims to reduce substance use amongst youth, through school-based drug testing, drug takebacks, education about the dangers of substance use, and performing other activities in the community. Counties served: **Scott**.

Domestic Violence

Community Health of East Tennessee Family Services Center (https://www.chetennessee.org/family-services-center; crisis hotline: .423.562.8325): Program of Community Health of East Tennessee that provides emergency housing and supplies to victims of domestic abuse. The Family Services Center also offers transitional housing and non-residential support through court advocacy, educational workshops, and life-skills training. Counties served: **Campbell**.

Helen Ross McNabb Center Family Crisis Center (https://www.mcnabbcenter.org/service/kent-c-withers-family-crisis-center; 24-hour hotline: 865.637.8000): Program of Helen Ross McNabb Center that provides support and resources including 24-hour hotline, shelter, counseling, referrals, education on domestic violence and abuse, and court advocacy and accompaniment. Services available to people of all genders, specialized services for children, Language Line is available for translation services. Counties served: **Knox**.

Helen Ross McNabb Center Sexual Assault Center of East Tennessee (https://www.mcnabbcenter.org/location/sexual-assault-center-east-tennessee-knoxville): Program of Helen Ross McNabb Center that provides therapy, advocacy, and prevention education

to the community, including survivors of sexual assault and domestic violence. They can refer people to the Family Crisis Center and other resources. Counties served: **Knox**.

Knoxville Family Justice Center (https://www.fjcknoxville.org/; family violence helpline: 865.521.6336): Comprehensive support center that houses prosecutors, detectives, clergy, and social services agencies. Services available to people of all genders. Counties served: **Knox**.

Safe Space of East Tennessee (http://www.safespacetn.org/; 24-hour crisis line: 1.800.244.5968; Newport office: 423.237.6626): Shelter that provides 24-hour hotline, education, support groups, counseling, court advocacy, and other services to people of all genders. Counties served: **Cocke, Jefferson, Sevier**.

Scott County Family Justice Center (http://www.scfjc.org/): Agency that works closely with organizations throughout Scott County and the surrounding area to provide survivors of abuse with shelter, legal assistance, counseling, employment support, housing assistance, and other services. Services are available to people of all genders. Counties served: **Scott**.

YWCA (https://ywcaknox.com/): Agency that provides victim advocacy, court accompaniment, support groups, safety planning, and community outreach. YWCA is also home to the Keys of Hope Women's Program that provides affordable housing for women in Knox County and the Scattered-Site Transitional Housing Program for survivors of domestic violence and their families in surrounding counties. Services are primarily available to women. Counties served: **Anderson, Blount, Knox, Loudon, Roane, Sevier**.

Harm Reduction

Choice Health Network Harm Reduction (https://choicehealthnetwork.org/services/harm-reduction/; Harm Reduction hotline: 865.208.7356): A program that uses practical strategies to reduce the negative consequences associated with drug use and improve overall health and wellness. The anonymous program provides naloxone (the overdose reversal medication), fentanyl test strips, supplies, syringe disposal, HIV/hepatitis C testing, and referrals to services. Locations: **Cocke, Knox**.

Healthcare

Cherokee Health Systems (https://www.cherokeehealth.com/): Federally qualified health center (FQHC) that provides behavioral health services including outpatient therapy and case management. Also provides medication assisted treatment including buprenorphine. Counties served: **Anderson, Blount, Claiborne, Cocke, Grainger, Hamblen, Knox, Loudon, Sevier, Union**.

Community Health of East Tennessee (https://www.chetennessee.org/): Federally qualified health center (FQHC) that provides primary care, gynecology, substance use disorder treatment, pediatrics, pharmacy, labs, Black Lung Clinic, case management,

off-site limited dental services, and other healthcare services. They also work with the 8th Judicial District to provide Recovery Court. Counties served: **Campbell**.

Helen Ross McNabb Center (https://www.mcnabbcenter.org/): Community mental health center (CMHC) that provides outpatient mental health services including outpatient therapy and case management. Counties served: **Anderson, Blount, Campbell, Cocke, Hamblen, Knox, Loudon, Sevier**.

Mountain People's Health Councils, Inc. (http://www.mphci.com/): Federally qualified health center (FQHC) that provides primary care, pediatrics, obstetrics and gynecology, pharmacy discounts, dental care, and other healthcare services. There are multiple locations in Scott County. Counties served: **Scott**.

Ridgeview Behavioral Health Services (https://www.ridgeview.com/): Community mental health center (CMHC) that provides behavioral health services including outpatient therapy, case management, and medication management. Counties served: **Anderson, Campbell, Morgan, Roane, Scott**.

Rural Medical Services (https://www.ruralmedicalservices.org/): Federally qualified health center (FQHC) that provides primary care, behavioral health, obstetrics and gynecology, pediatrics, case management, labs, and other healthcare services. Counties served: **Cocke, Jefferson.**

HIV Treatment and Services

Choice Health Network (https://choicehealthnetwork.org/services/medical-services/; 865.525.1540): Clinic that provides HIV care, primary care, PrEP and PEP, hepatitis C treatment, infection disease management, sexually transmitted infection testing, labs, gender affirming hormone therapy, mental health referrals, and other healthcare services. Locations: **Knox**.

Knox County Health Department – Center of Excellence (https://www.knoxcounty.org/health/centersofexcellence.php; 865.215.5080): Clinic that provides HIV-related care, dietician counseling, pharmaceutical counseling, as well as other healthcare services. Counties served: **Knox**.

Housing-related Resources

Jefferson City Housing Authority (http://jcha-tn.org/): Agency that provides subsidized housing. Counties served: **Jefferson**.

Jellico Housing Authority (423.784.8809): Agency that provides subsidized housing. Counties served: **Campbell**.

Knoxville's Community Development Corporation (https://www.kcdc.org/): Agency that provides subsidized housing. Counties served: **Knox**.

Knoxville Area Rescue Ministries (KARM) (https://karm.org/): Faith-based emergency shelter. KARM is also home to the Crossroads Welcome Center that aims to connect individuals to resources and Serenity Women's Shelter, a 12- to 18-month faith-based residential program for those seeking recovery, survivors of domestic violence, and unhoused women. Counties served: **Knox**.

LaFollette Housing Authority (http://www.lafollettehousing.org/):
Agency that provides subsidized housing. Counties served: **Anderson, Campbell; Claiborne, Morgan, Scott, Union**.

Morgan-Scott Project for Cooperative Christian Concerns (https://morganscottproject.org/about-msp/projects-programs/): Organization that offers emergency aid to cover expenses, assistance with home repairs, assistance for those taking classes at Tennessee College of Applied Technology, resources to grow vegetables at home, and other resources. Counties served: **Morgan, Scott**.

Newport Housing Authority (https://nhatoday.com): Agency that provides subsidized housing. Counties served: **Cocke**.

Oak Ridge Housing Authority (http://orha.net/): Agency that provides subsidized housing. Counties served: **Anderson, Roane**.

Samaritan Place (https://ccetn.org/samaritan-place/): Shelter that is operated by Catholic Charities of East Tennessee that provides emergency, transitional, and permanent housing; case management; and referrals to seniors in Knox County and the surrounding area. Counties served: **Knox**.

Scott County Homeless Shelter (http://www.scottcounty.com/government/homeless-shelter/): Emergency shelter that provides temporary housing for unhoused people, case management, job placement, and other services. Counties served: **Scott**.

Tennessee Valley Coalition for the Homeless (https://tvchomeless.org/): Organization that provides resources for unhoused people throughout East Tennessee. Operates a day center in Campbell County where unhoused people can access and receive referrals to a wide range of services. Counties served: **Campbell**.

Volunteer Ministry Center (https://www.vmcinc.org/): Organization that provides low-barrier emergency shelter, permanent supportive housing, dental services, street outreach, financial assistance, and other resources to individuals living in Knox County. They operate The Foyer, a low-barrier emergency shelter in Knoxville. Counties served: **Knox**.

Medication Assisted Treatment (MAT)
Behavioral Health Group (https://bhgrecovery.com/): Clinic that provides medication assisted treatment including buprenorphine and methadone. Locations: **Knox.**

JourneyPure (https://journeypure.com/): Clinic that provides medication assisted treatment including buprenorphine. Locations: **Knox.**

Recovery Strategies (https://recoverystrategies.net/): Clinic that provides medication assisted treatment including buprenorphine. Locations: **Knox.**

ReVIDA Recovery (https://www.revidarecovery.com/): Clinic that provides medication assisted treatment including buprenorphine. Locations: **Cocke**, **Hamblen, Knox**.

Tennessee Recovery (https://www.tennesseerecoveryknoxville.com):
Clinic that provides medication assisted treatment including buprenorphine. Locations: **Knox.**

Wellness North (https://www.wellnessnorth.net/): Clinic that provides medication assisted treatment including buprenorphine. Locations: **Knox.**

Recovery Meetings
Alcoholics Anonymous (https://aa-intergroup.org): Peer-led, abstinence-oriented, traditional 12-step recovery program for those who wish to stop drinking alcohol. Locations: **Available online**.

Celebrate Recovery (https://www.celebraterecovery.com): Christ-centered, abstinence-oriented, step-based recovery program for those who need support with addictions of any kind. Locations: **Available online, Blount, Campbell, Cocke, Grainger, Hamblen, Jefferson, Knox, Loudon, Roane, Sevier, Scott**.

East Tennessee Intergroup of Alcoholics Anonymous (https://www.etiaa.org/): Peer-led, abstinence-oriented, traditional 12-step recovery program for those who wish to stop drinking alcohol. Locations: **Anderson, Blount, Campbell, Claiborne, Cocke, Hamblen, Jefferson, Knox, Loudon, Roane, Sevier, Union.**

East Tennessee Ridges of Recovery Narcotics Anonymous (https://etror.org/): Peer-led, abstinence-oriented, traditional 12-step recovery program that is inclusive of drugs and alcohol. Locations: **Cocke, Hamblen, Jefferson**.

Harm Reduction Works (https://www.facebook.com/groups/harmreductionworksHRW):
An alternative to traditional 12-step recovery meetings for those who are currently using drugs or alcohol, those who have a history of drug or alcohol use, and those who are considering using drugs or drinking alcohol. Locations: **Available online**.

Knoxville Area of Narcotics Anonymous (https://natennessee.org//knoxville/): Peer-led, abstinence-oriented, traditional 12-step recovery program that is inclusive of drugs and alcohol. Locations: **Anderson, Blount, Campbell, Claiborne, Knox, Monroe, Roane, Sevier**.

Narcotics Anonymous (https://na.org): Peer-led, abstinence-oriented, traditional 12-step recovery program that is inclusive of drugs and alcohol. Locations: **Available online**.

Recovery Dharma (https://recoverydharma.org): Recovery group that used Buddhist practices and principles to build a path to recovery for those with addictions to a range of things including substances. Locations: **Available online, Knox**.

SMART Recovery (https://www.smartrecovery.org/): Peer-led, mutual-support group that aims to support and empower individuals with any addiction to pursue recovery. Locations: **Available online, Knox**.

Upper Cumberland Area of Narcotics Anonymous (https://natennessee.org//upper-cumberland/): Peer-led, abstinence-oriented, traditional 12-step recovery program that is inclusive of drugs and alcohol. Locations: **Scott.**

Inpatient Substance Use Treatment

Buffalo Valley (http://www.buffalovalley.org/; 931.796.4256): Rehabilitation center that offers medical detoxification and residential treatment. Accepts private insurance, TennCare, self-pay, and has grant beds available. Locations: **Lewis.**

CenterPointe (https://www.mcnabbcenter.org/location/centerpointe; 865.603.4958): Program of Helen Ross McNabb Center that provides medical detoxification and residential alcohol and drug rehabilitation. It also houses a crisis stabilization unit. CenterPointe accepts insurance (including TennCare), self-pay, and has grant beds available. Locations: **Knox**.

Comprehensive Community Services (CCS) (https://ccstreatment.com/; call: 423.349.4070; text: 423.552.0555): Rehabilitation and mental health facility that provides social (non-medical) detoxification, outpatient, intensive outpatient (IOP), and residential treatment. Accepts private insurance, TennCare, self-pay, and has grant beds available. Locations: **Washington**.

Cornerstone of Recovery (https://www.cornerstoneofrecovery.com/; 865.685.4086): Rehabilitation center that offers medical detoxification residential treatment, career-specific treatment programs, a sober living community, and intensive outpatient (IOP) program. Accepts private insurance and self-pay. Locations: **Knox**.

English Mountain Recovery Center (https://englishmountain.com/; 877.309.9963): Rehabilitation facility that offers medical detoxification and residential treatment. Accepts private insurance and self-pay. Locations: **Sevier**.

Frontier Health – Turning Point (https://www.frontierhealth.org; 423.926.0940): Rehabilitation facility that offers medical detoxification, gender-segregated residential treatment, case management, and aftercare planning. Location also houses a crisis stabilization unit. Accepts private insurance, TennCare, self-pay, and has grant beds available. Locations: **Carter, Greene, Washington, Sullivan**.

Plateau Mental Health Center - New Leaf Recovery Center (https://www.vbhcs.org/locations/cookeville/; 877.567.6051): Rehabilitation facility that offers medical detoxification, residential treatment, intensive outpatient (IOP), and case management services. It also houses a crisis stabilization unit. Accepts private insurance, TennCare, self-pay, and has grant beds available. Locations: **Putnam**.

Stepping Stone to Recovery (https://steppingstonetn.com/; 865.259.0678): Rehabilitation center that offers medical detoxification, residential treatment, a sober living community, and intensive outpatient (IOP) program. Accepts Amerigroup TennCare, United HealthCare TennCare, and self-pay. Locations: **Knox**.

THINGS YOU CAN DO

If your abscess does not have red streaks and is not hot and puffy, you can try to treat yourself with warm soaks or compresses (a clean washcloth with hot water on it).

Use warm or hot water that doesn't burn your skin!

Soak or hold a compress on the abscess 3 – 4 times a day for 10 – 15 minutes at a time. Cover with a clean, dry bandage afterwards.

Over time, an abscess may develop a "head" and start to drain on its own. **STOP soaking or using compresses when this happens.**

The liquid that comes out of an abscess is full of bacteria and is contagious. Make sure to cover the abscess with clean bandages that you change often. Place anything that has touched the drained fluid into a plastic bag and throw it out in the trash.

A NOTE ON ANTIBIOTICS

If you are prescribed antibiotics, make sure you take all of them, even if you feel better. **DO NOT** share antibiotics – what works for you may not work for someone else!

Choice Health Network

Knoxville Office

900 East Hill Ave.

Suites 280, 285, and 290

Knoxville, TN 37915

Harm Reduction Program

Volunteer Ministry Center

511 N Broadway Street

Knoxville, TN 37917

Monday and Thursday, 1-3 PM

Harm Reduction Info Line

(865) 208-7356

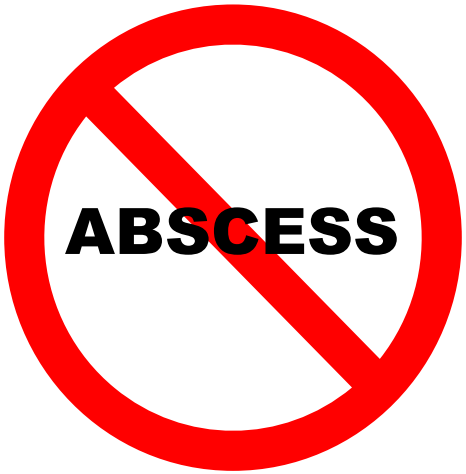
Free harm reduction materials and services include:

- Injection and syringe supply access
- HIV and hepatitis C point-of-care testing
- Hepatitis C confirmatory blood draws
- Overdose prevention education
- Linkage to care for HIV, hepatitis C, and substance use disorder

Adapted from "Abscess Care and Prevention", Tacoma/Pierce County Health Department, 07/2008 and "Wound Care on the Street", Carol Buchholz, RN, BSN, 11/2010.

This brochure is NOT a substitute for medical care!

Infection Prevention



Information on Infection Prevention and Care for People Who Inject Drugs

WHAT IS AN ABSCESS?

Abscesses can happen as a result of skin popping, muscling a hit, or missing a vein. Your body tries to fight off the bacteria by making a pocket that fills with pus, a mix of dead tissue, white blood cells, and germs.

Abscesses usually develop at the injection site and will look like a hard, red bump. It may feel warmer than the skin nearby and will usually hurt.

AN OUNCE OF PREVENTION…

Abscesses happen when bacteria get into the body. To prevent abscesses, try to:

- Use NEW every time! This means a new cooker, new cotton, new syringe, and clean water. These things can all carry bacteria.
- Filter your hit well with cotton. Cigarette filters don't work well because their small particles get drawn into the syringe.
- Wash your hands and try to find a clean surface to prepare your hit.
- Use an alcohol pad or soap and water to clean the injection site.
- Rotate your injection sites, but stay away from your wrist, groin, neck, and arteries. Remember, do not inject in or near an abscess!

DANGER! DANGER! DANGER!

DO NOT shoot into or near an abscess!

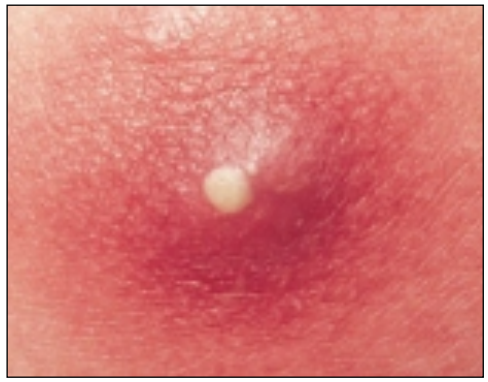
DO NOT squeeze or cut an abscess open yourself! Squeezing, even though it's tempting, can spread the infection into your blood stream, maybe even your heart or lungs!

GO TO THE DOCTOR WHEN:

- You have more than one abscess.
- The red bump is getting larger and/or more painful, feels hot to the touch, or you have a fever.
- Your abscess is over a major artery – you can feel a pulse.
- There are red streaks coming from the site of the infection.
- The abscess isn't getting better after 5-7 days.
- Your immune system is already weakened by HIV/AIDS, diabetes, cancer, etc.

GO TO THE ER WHEN:

- You have chest pains, chills, and/or a fever above 102.5° F. **This could mean your wound or abscess has complications and the infection has spread to your heart or blood system.**
- Your skin around the infection turns dark or redness around the infection spreads quickly.
- You develop vision problems or droopy eyelids, have difficulty breathing, talking, swallowing, or have a sore throat 1-2 days AFTER injecting. **This could be wound botulism. It is rare but life threatening and usually associated with Black Tar use.**
- **IF YOU THINK YOU NEED TO GO TO THE ER, GO!**



Abscess with a "head"

Choice Health Network

Harm Reduction

Health. Equity. Hope.

a Positively Living program