



# HARM REDUCTION TOOLKIT

## Table of Contents

Part 1: Background Information .....	2
Opioids in Alaska.....	2
What are opioids.....	3
Identifying an opioid overdose.....	3
Heroin and Fentanyl.....	3
How is heroin/opioids injected?.....	3
Stigma.....	4
Things we can do to avoid stigmatizing people.....	4
Part 2: What is Harm Reduction?.....	5
Indigenous Harm Reduction.....	7
Part 3: Principles and Best Practices Harm Reduction.....	8
Part 4: How to use the Harm Reduction Kit.....	9
Part 5 Education and Awareness.....	11
Part 6: Alaska Programs and Resources.....	14
Glossory.....	15
References .....	16

### **RURAL ALASKA HARM REDUCTION TOOLKIT**

This toolkit was developed to address substance use- related harms - such as HIV, Hepatitis C and drug overdose - in rural Alaska communities. The toolkit contains information, resources and materials for supporting People Who Use Drugs (PWUD) or People Who Inject Drugs (PWID) through an evidence-based approach known as harm reduction. As such, the toolkit provides best practices to utilize harm reduction kits containing safe injection and safe supplies as well as educational materials and resources in an effort to aide health care workers, community members and others in creating local harm reduction programs. We would like to give special thanks to the Alaska Native Tribal Health Consortium Board of Directors who provided funding for this initiative.

**Figure 1.**

### Part 1: Background Information

#### **Opioids in Alaska**

The Department of Health and Social Services (DHSS) reported that the number of deadly Opioid and heroin overdoses has increased 77 percent in Alaska since 2010. More recently, Fentanyl has been fueling the opioid epidemic and Fentanyl-related deaths have dramatically increased in Alaska. With an increased overdose death rate there has been a notable demographic change including higher death rates among a younger age-group (25-34 years old) (DHSS, 2018). Rural Alaska has also seen an increase in rates of opioid use and overdose, while lacking services or access to programs and resources that are more available in larger communities such as Anchorage.

In response to the epidemic, the State of [Alaska Office of Substance Misuse and Addiction Prevention](#) (OSMAP) was established in 2017. [Project HOPE](#) (Harm Reduction, Overdose Prevention, and Education) is a program under OSMAP to disseminate the life-saving drug naloxone in form of Overdose Rescue Kits or Narcan® Kits statewide. OSMAP uses a public health approach to prevent and reduce substance use while supporting community-based activities across Alaska. The Alaska Native Tribal Health Consortium (ANTHC) joined Project HOPE the summer of 2018 to support the state in distributing Narcan® Kits and providing training on how to administer Narcan®.

**What are opioids?** Opioids include prescription drugs such as morphine, codeine, methadone, oxycodone, hydrocodone, fentanyl, hydromorphone, and buprenorphine as well as illegal drugs such as heroin and fentanyl analogs.

**How do Opioids Work?** Opioids attach to specific opioid receptors on nerve cells in the brain, spinal cord, gut and other parts of the body. When this happens, the opioids block pain messages sent through the body, reducing the perception of pain. Side effects include drowsiness, confusion, nausea, constipation, euphoria and slowed breathing and respiratory depression. Respiratory depression results in a deficiency in oxygen.

**Identifying an Opioid overdose:**

- The person's face is extremely pale and/or feels clammy to the touch
- Their body goes limp
- Their fingernails or lips have a purple or blue color
- They start vomiting or making gurgling noises
- They cannot be awakened or are unable to speak
- Their breathing or heartbeat slows or stops

**Heroin and Fentanyl:** Heroin and fentanyl are both opioids. Fentanyl is a synthetic (manmade) opioid pain reliever and is 40-50 times more potent than heroin. Overdoses from synthetic opioids have nearly doubled from 2002-2013 (CDC, 2018). Cutting heroin with unknown concentrations of fentanyl or fentanyl analogs have become common and has led to an increase in overdose deaths in Alaska and the United States.

**How is heroin/opioids injected?** Powdered drugs have to be dissolved into a liquid before they can be injected- a process known as “cooking.” Heroin is typically mixed with water and cooked but brown heroin or black tar heroin often require an acid base solution to help dissolve the drug and make it usable. Vinegar or lemon juice are commonly used for this purpose, however using sterile vitamin C or ascorbic acid can reduce the risk of bacterial infections potentially caused by lemon juice or vinegar. In any case, the use of too much acid can damage veins and thus using the least amount of any kind of acid is best. Once a solution is heated it is then drawn up through a filter into a syringe and injected into a vein (Harm Reduction Coalition, 2018; Harm Reduction Coalition, 2018).

When multiple people are sharing a drug, it is common to use the same container and/or syringe. Sharing syringes or other equipment increases the risk of disease transmission and infections, such as Hepatitis C and HIV.

**Stigma:** People who use drugs (PWUD) typically face stigma and discrimination and lack of access to needed health services throughout the state and country. Even when services are available, many drug users are afraid to make use of them because of fear of imprisonment and stigmas associated with PWUDs. As a result, sharing and using unsterile injecting equipment is common which increases rates of Hepatitis C, HIV transmission and overdose deaths. To combat stigma of PWUD, communities and health care entities really should see a PWUD as a whole person rather than focusing only on the drug use.

**Reducing Stigma Just by changing our Language:** Use Person-First Language Table 1. below provides suggestions for appropriate language to avoid stigmatization.

**Table 1.**

<b>Words to use</b>	<b>Words to avoid</b>
Person who uses drugs (PWUD)	Drug user
Person with non-problematic drug use	Recreational, causal or experimental user
Person with substance use disorder Person with drug dependence Person with problematic drug use	Drug abuser, junkie, dope head, pothead, smack head, crackhead, druggie, stoner
Person with alcohol use disorder	Alcoholic
Substance use disorder, problematic drug use	Drug problem, drug habit
Drug misuse, harmful use	Drug abuse
Abstinent, not actively using, person who has stopped using drugs	Clean
Actively using	Dirty
Testing negative for substance use	A clean drug screen
Testing positive for substance use	A dirty drug screen
Respond, program, address, manage	Fight, counter, combat drugs and other combatant language
Person in recovery, person in long-term recovery	Former/reformed addict/alcoholic

Person who injects drugs	Injecting drug user
--------------------------	---------------------

**Reducing Stigma:** <https://youtu.be/8LFMXPhtE8>

## Part 2: What is Harm Reduction?

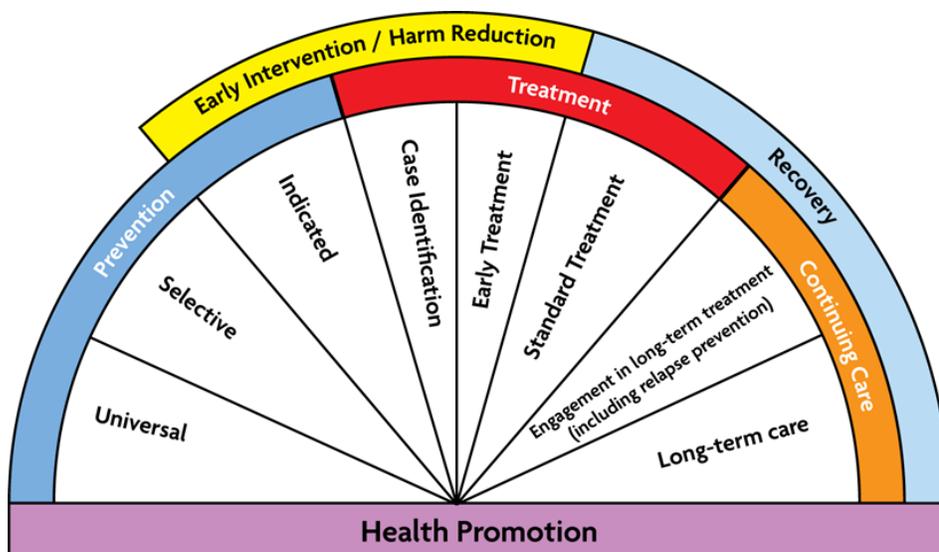
Harm reduction uses evidence-based strategies and ideas aimed at reducing harms such as Hepatitis C, HIV, other blood-borne viral and bacterial infections, injury and death related to substance use. The focus is on the *harms from drug use* rather than the drug use itself. Harm reduction does not expect PWUD to abstain completely from drug use and acknowledges the active role of PWUD in harm reduction programs. The goal of Harm Reduction is for PWUD to stay as healthy as possible while using substances.

There are many reasons why people engage in high risk behaviors. Most PWUD are not able to stop using immediately. Harm reduction acknowledges that people will adopt practices to reduce harms associated with taking risks and can assist people to obtain a state of control, improving health and improving quality of life.

Harm Reduction is also aimed at reducing stigma, negative judgements and opinions of PWUD and to encourage belief in, and respect for PWUD. The alienation and marginalization of PWUD often compounds the reason why PWUD engage in unsafe drug use. Harm Reduction strategies include connecting people to health care services, clean needles and supplies, and engaging and employing PWUD into harm reduction programs.

### **Benefits of Harm Reduction Programs**

**Figure 2.**



In the adapted Institute of Medicine prevention framework, harm reduction is a bridge between indicated prevention (targeting high-risk individuals who are showing signs of drug use behaviors) and early treatment. It provides several benefits such as:

- Reducing risk of HIV and hepatitis C infections, long term viral infections, and other bacterial infections of the skin, blood and heart
  - *The National Institutes of Health reported that injection drug users who have access to clean needles reduce risky behaviors by almost 80%.*
- Increasing likelihood of linkage to medical care and behavioral health services (i.e. treatment options)
- Improving overall health outcomes
- Providing cost effective interventions in relation to what it costs to treat HIV and hepatitis C
- Making drug use safer
- Reducing drug use and/or lead to abstinence

Despite its benefits, the question “**Is Harm Reduction Enabling?**” arises often in the context of harm reduction efforts. The answer lies in how one looks at the type of enabling:

**NO:** Harm reduction does not enable people to do drugs or have sex or engage in behaviors; people are already doing drugs and engaging in risk behaviors.

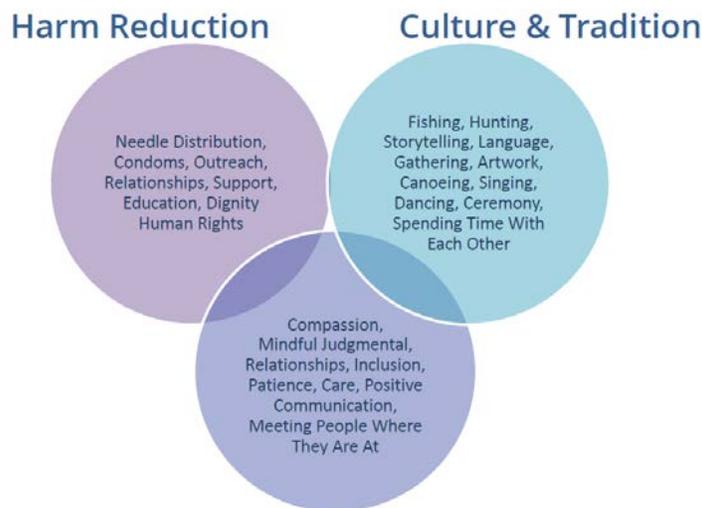
**YES:** Harm reduction does enable people to:

- Keep themselves *safer* while they engage in behaviors that can be harmful
- Reduce HIV & hepatitis C transmission
- Be honest about their drug use or behavior
- See their own strengths and what they can do... and be successful

At least eight major studies have concluded that access to new syringes dramatically reduces the incidence of blood-borne diseases neither encourage people to start injecting drugs nor increases drug use by those who are already users (Martin, 2017).

**Indigenous Harm Reduction:** The [First Nations Health Authority \(FNHA\)](#) provides an Indigenous perspective for Harm Reduction principles and practices by integrating cultural knowledge and values into the strategies and services associated with the work of harm reduction. Indigenous knowledge systems are strongly connected to spirituality and the natural environment, acknowledging that well-being involves spiritual, emotional, physical and mental health. Indigenous Harm Reduction incorporates cultural teachings and values, encouraging conversations around substance use disorder and harm reduction in a manner that is sensitive and appropriate for Indigenous communities.

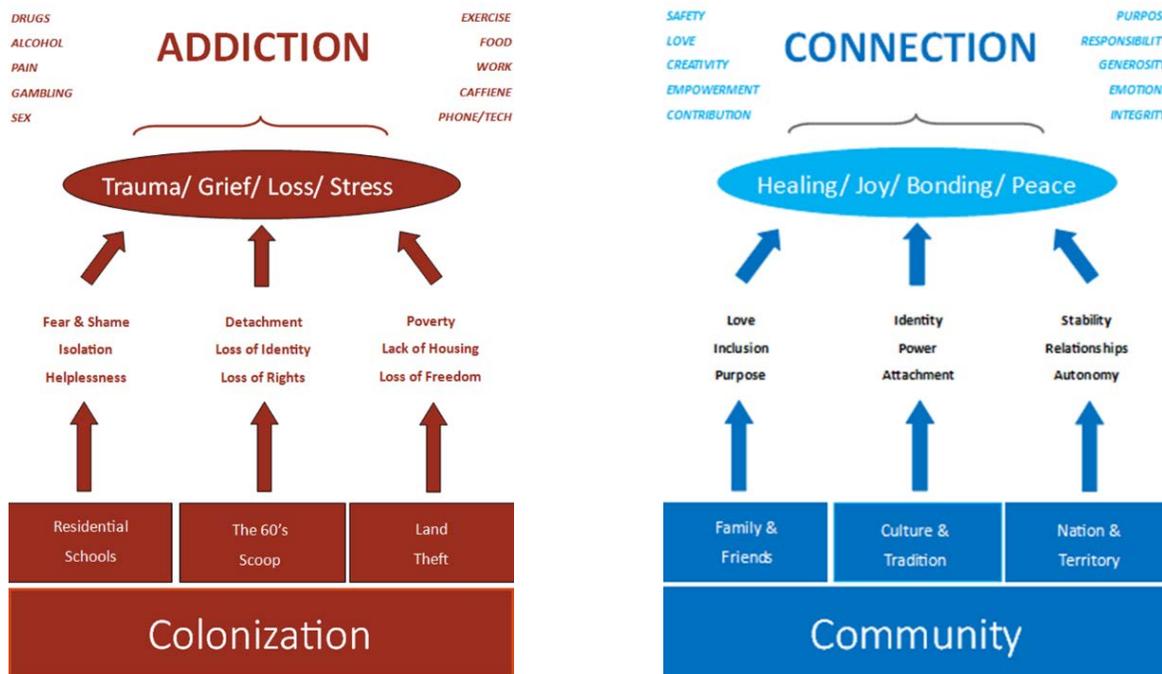
**Figure 3.**



Indigenizing Harm Reduction: <https://www.youtube.com/watch?v=pA3PyaksBYo>

Decolonizing Addiction – Colonialism is the root cause of substance use in Indigenous communities. Community fosters connections in opposition to addiction/substance use disorders, and thus key to addressing the issue.

**Figure 4:** First Nations Health Authority (FNHA)



### Part 3: Principles and Best Practices Harm Reduction

Best practices in harm reduction programs are aimed to assist programs and communities to support PWUD who are at risk of HIV, Hepatitis C (HCV), infections and overdosing by:

- Improving effectiveness of harm reduction programs
- Improving access to harm reduction resources, programs and supplies to communities
- Reducing transmission of HIV, HCV, infections, and other harms
- Improving the quality and consistency of services
- Improving benchmarks to evaluate the need for harm reduction services
- Engaging PWUD in harm reduction programs/services

- Learning models reflecting cultural teachings and values that supports sensitive conversations around addictions and harm reduction (i.e. Indigenous Harm Reduction)

#### **Recommendations for Needle, Syringe and Clean equipment:**

Providing kits with clean needles and equipment used for injecting or using drugs reduces sharing and thus the risk of transmission of HIV, HCV or other pathogens (Strike, et al., 2013).

- Provide sterile Needles/Syringes as many as the PWID wants.
- Encourage clients to dispose of needles and syringes safely
- Provided personal syringe or needle disposal containers
- Offer a variety of needles and syringe types
- Educate about risks of using non-sterile needles
- Provide pre-packaged safer injection kits (needles/syringes, cookers, filters, ascorbic acid, sterile water, alcohol swabs, tourniquets, condoms and lubricant)

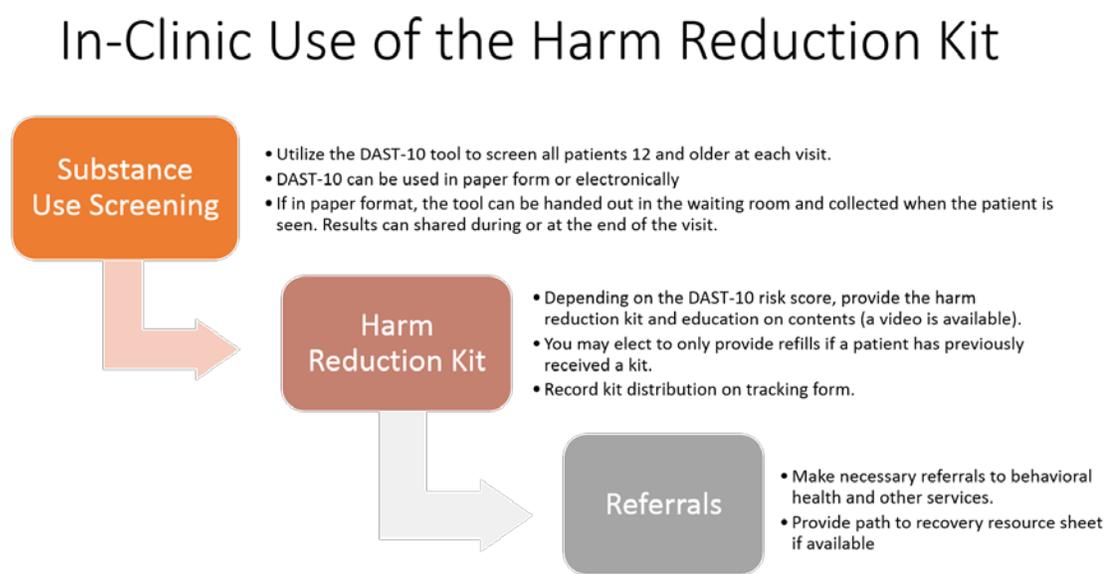
#### *Part 4: How to use the Harm Reduction Kit*

In line with the best practice recommendations, the ANTHC harm reduction kits include:

- Nevershare syringes are provided in different colors to assist in reducing accidental sharing
- Cookers
- Filters
- Ascorbic acid or vitamin C to assist in dissolving drugs such as black tar heroin
- Sterile water vials provided for cooking or cleaning
- Bleach tablets provided for cleaning used syringes
- Alcohol swabs
- Tourniquets
- Needle clippers encouraging safe disposal of syringes
- Fentanyl testing strips provided assist in providing a quick and easy method to test for drugs laced with fentanyl and many fentanyl analogs
- Condoms & lubricant
- Instructions as well as educational and resources materials

The harm reduction kit was developed for rural communities where access to services is limited. Therefore, the kits can be used in clinic-based or community-based efforts to provide more services to PWUDs. Figure 4 provides a recommendation for in-clinic use.

**Figure 4.**



### **Additional Considerations:**

- Provide training for providers
- Integrate DAST-10 screening how it best fits the clinic flow
- Use existing substance use screening tools to identify at-risk patients
- Identify most appropriate location for storing harm reduction kits (i.e. in all or only one clinic rooms directly)
- Educate patients about the harm reduction kit may increase visit time (educational video is available)
- Coordinate with Behavioral Health to map out referral process

**Drug Abuse Screening Test (DAST-10)** is a screening tool that assesses drug use (does not include alcohol or tobacco use) in the past 12 months. The tool can be administered by a provider or self-administered or integrated into the EHR. The DAST-10 screening takes approximately 5 minutes to administer and can be given in a variety of settings. The DAST-10 yields a quantitative index or score of the degree for drug usage and consequences related to drug abuse.

Table 2.

<b>DAST-10 EXAMPLE</b>	<b>No</b>	<b>Yes</b>
<b>These questions refer to the past 12 months.</b>		
1. Have you used drugs other than those required for medical reasons?	0	1
2. Do you abuse more than one drug at a time?	0	1
3. Are you always able to stop using drugs when you want to? (If never use drugs, answer "Yes.")	1	0
4. Have you had "blackouts" or "flashbacks" as a result of drug use?	0	1
5. Do you ever feel bad or guilty about your drug use? If never use drugs, choose "No."	0	1
6. Does your spouse, boyfriend/girlfriend or parents ever complain about your involvement with drugs?	0	1
7. Have you neglected your family or missed work because of your use of drugs?	0	1
8. Have you engaged in illegal activities in order to obtain drugs?	0	1
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	0	1
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	0	1
<b>SCORE:</b>		
<b>DAST-10 Zones</b>	<b>Action</b>	
Zone 1: Score 0 (NO RISK)	None	
Zone 2: Score 1-2 (AT RISK)	Discuss results w/patient Offer referral to BH Offer HIV/Hep C/STI screen Handout(s) provided	
Zone 3: Score $\geq 3$ (AT HIGH RISK)	Discuss results with patient Medication <ul style="list-style-type: none"> <li>○ In-home detox medication</li> <li>○ Medication Assisted Treatment</li> </ul> HIV/HepC/STIs screen Harm reduction Kit (injection drug use) Referrals (check all that apply) <ul style="list-style-type: none"> <li>○ Counseling/BT (Esp. for DAST-10 score of 3-5)</li> <li>○ Support group</li> <li>○ Tx/SA program</li> </ul> Discuss health effects Handout(s) provided	
Description of plan:		

## Part 5: Education and Awareness

A component of the ANTHC Rural Alaska Harm Reduction Initiative is to facilitate provider and staff training on a variety of topics. The topics below can be combined or done separately depending on what works best to fulfill training needs.

- HIV and Hepatitis C: Transmission, symptoms and treatment options as well as prevention and best practices for HIV and Hepatitis C
- Addiction Science: Terms and definitions, the disease of addiction, drugs & behaviors, basic neurochemistry of addiction as well evidence-based treatment
- Drugs 101: Overview of illicit drugs, common misconceptions, side effects and challenges.
- Empathy/Trauma-Informed Care: Understanding empathy and drug related stigma, benefits of empathy in addictions, functions of stigma and creating change
- Harm Reduction: Defining harm reduction through a facilitated discussion on levels of harm reduction on the individual, community and institutional level while incorporating an Indigenous perspective. Addresses risk factors related to stages of change as well as risk factors for PWID.
- Work Place Safety and Crisis Intervention/De-escalation Techniques: Identifying bloodborne pathogen and measures to ensure workplace safety, needle sticks and avoidance of pathogens as well as describing strategies to safely and successfully de-escalate a situation.
- Narcan® Overdose Rescue Kit: How to use a Narcan® kit and/or how to become a community distributor of Narcan® kits.

Some of the trainings are available as [recorded Webinars](#) as well.

## Part 6: Other Harm Reduction Strategies:

Harm reduction consists of a diverse set of strategies that encourage people to reduce harm to themselves and their communities to make informed and educated decisions. There are many ways to

go about providing harm reduction services besides or in addition to syringe service programs (SSPs). These include but are not limited to:

**Narcan® (Naloxone) Kit:** ANTHC offers Narcan® Opioid Overdose Rescue Kits through Project HOPE.

Narcan® kits includes:

- 2 x 4mg naloxone nasal spray devices
  - 1 rescue breathing mask
  - 1 pair of gloves
  - Carrying case
- Naloxone is a medication that rapidly reverse the effects of an overdose from opioid drugs. Naloxone is used as an emergency treatment for a known or suspected overdose. Naloxone binds to opioid receptors that can reverse or block the effects of opioid drugs. Within a few minutes after administering naloxone it can restore a person to normal respiration whose breathing has slowed or stopped due to overdosing with opioids (NIH, 2018). Narcan® is a nasal spray that is easy to administer and with simple training most people should feel comfortable administering Narcan®.

**Drug Deactivation Bags:** More than 2000 million prescriptions for opioids are written annually in the United States. With so many prescription comes a risk of accidental poisonings and intentional abuse, drug deactivation bags is an environmental safe way to dispose of unwanted prescriptions. Deterra deactivation bags provided at no cost via [www.iknowmine.org/safemedicine](http://www.iknowmine.org/safemedicine). Deterra deactivation bags use a molecular Adsorption Technology, which deactivates prescription drugs using activated carbon with addition of warm tap water- environmental safe and makes drugs unusable.

**Needle drop boxes:** People use needles for a variety of reasons including but not limited to medical conditions such as diabetes, arthritis and pain management as well as people who inject drugs. SSPs and other harm reduction programs should play a key role in collection and disposal of used syringes and other drug use equipment (Strike, et al., 2013). Needle drop boxes or disposals are a 24- hour tamper-proof community disposal kiosks that allows all community members to dispose of used needles safely. Location of drop boxes within a community should be based on convince of location (SFDPH, 2011)

If safe needle disposals options are made available in communities most people will dispose of needles safely (Bridgeman, 2017).

**Community clean-up and awareness events:** SSPs and other harm reduction programs can assist in conducting regular community clean-up events, providing education on safe disposal, and providing access and distribution of individual sharps containers and accepting used sharps back for disposal (Bridgeman, 2017).

**Medication Assisted Therapy (MAT):** MAT programs provide a safe and controlled level of medication to overcome symptoms from problematic drug use. MAT programs typically use medication in combination with counseling and behavioral therapies for treatment of substance use disorders (SAMHSA, 2018)

**Peer navigators/support:** Peer navigators or support engages people with drug use experience in decision-making for harm reduction services and programs. Peers are trained and typically employed delivering various harm reduction services, including the distribution of clean equipment, the collection of used supplies, safer drug use education, as well as linking people to various resources and support services. Through shared understanding, respect and mutual empowerment, peer support helps PWUD to stay safe.

Part 6: Alaska programs/resources:

- [IKnowMine](#)
- [Project HOPE](#)
- [Project Hope Kit List](#)- Locations in Alaska to obtain Free Narcan kits
- [Project Hope evaluation forms](#)
- [OSMAP](#)

**Additional resources:**

[First Nations Health Authority \(FNHA\)](#)

[Harm Reduction Coalition](#)

[Manitoba Harm Reduction Network](#)

**Where to purchase Harm Reduction Supplies:**

[IKnowMine](#)- Drug Deactivation Bags (Deterra)

[IKnowMine](#) and [ProjectHOPE](#) - Narcan

[One-Use](#)

[Total Access Group](#)

[OHRDP](#)

[Dance Safe](#) –Fentanyl testing strips

**Other Useful Resources:**

[Detecting Fentanyl. Saving Lives](#)

[State Of Alaska Epidemiology Bulletin](#)

[SAMHSA Opioid Overdose Prevention ToolKit](#)

[Centers for Disease Control and Prevention](#)

[Rural Health Information Hub](#)

**Glossary:**

**Cooker:** Used to heat and mix drugs.

**Fentanyl Testing Strips:** fentanyl testing strips can detect fentanyl and most of its known analogs (testing strip directions must be followed).

**Fentanyl:** A potent synthetic opioid pain medication in a transdermal, sublingually (under tongue), smoked or injected.

**HBV:** Hepatitis B

**HCV:** Hepatitis C

**Hepatitis:** Inflammatory of the Liver. Viral hepatitis includes hepatitis A, B, C, D and E

**Heroin:** An opioid drug made from morphine. It is a natural substance taken from the Asian poppy plant. It can be injected, smoked, snorted, and sniffed.

**HIV:** Human Immunodeficiency Virus

**Intranasal:** Drugs taken through the nose (snorting)

**Intravenous (IV):** Injections that occur directly into a vein most often in the arm but also in the hands, neck, feet, chest and other part of the body.

**Lemon Juice:** Used to help break down the drug while mixing. Lemon Juice is not recommended because of risk of bacterial infections.

**NSP:** Needle and syringe programs

**PWID:** People Who Inject Drugs

**PWUD:** People Who Use Drugs

**SSP:** syringe service programs

**Stigma:** A social stigma is the disapproval of, or discrimination against, a person based on perceivable social characteristics that serve to distinguish them from other members of a society. Social stigmas are commonly related to culture, gender, race and health.

**Syringe:** The syringe has three main parts: 1) Plunger that fits into the barrel of the syringe 2) Barrel is the Chamber that holds the liquid (drug) and 3) Needle punctures the skin.

**Tourniquet:** A medical elastic device or something similar used to tie off an arm to help locate a vein.

**Vitamin C /Ascorbic acid:** Used to help break down the drug while mixing. Vitamin C or packaged ascorbic acid is preferred to Lemon juice or vinegar- lessening risk of bacterial infections.

**Water:** Used when mixing a drug to help break it down and cook it.

## References

Bridgeman, J. (2017, July 24). *Safe Sharps Disposal Toolkit: A Community Response to a Community Issue*. Retrieved from Interior Health :

<https://www.interiorhealth.ca/sites/Partners/HarmReduction/Documents/Safe%20Sharps%20Disposal%20Toolkit.pdf>

British Columbia Ministry of Health. (2005). *Harm Reduction: A British Columbia Community Guide*. Retrieved from British Columbia Ministry of Health :

<https://www.health.gov.bc.ca/library/publications/year/2005/hrcommunityguide.pdf>

CDC. (2018, December 19). *Opioid Overdose*. Retrieved from Centers for Disease Control and Prevention : <https://www.cdc.gov/drugoverdose/data/heroin.html>

DHSS. (2018). *DHSS Office of Substance Misuse and Addiction Prevention*. Retrieved from Alaska Department of Health and Social Services: <http://dhss.alaska.gov/osmap/Pages/default.aspx>

- DHSS. (2018). *Narcan*. Retrieved from Alaska Department of Health and Social Services Division of Public Health : <http://dhss.alaska.gov/dph/Director/Pages/heroin-opioids/narcan.aspx>
- Filley, J., & Hull-Jilly, D. (2018, August 8). *Health Impacts of Opioid Misuse in Alaska*. Retrieved from State of Alaska Epidemiology Bulletin: [http://www.epi.alaska.gov/bulletins/docs/rr2018\\_03.pdf](http://www.epi.alaska.gov/bulletins/docs/rr2018_03.pdf)
- FNHA. (2018). *Harm Reduction*. Retrieved from First Nations Health Authority: <http://www.fnha.ca/what-we-do/mental-wellness-and-substance-use/overdose-information/harm-reduction>
- Harm Reduction Coalition. (2018). Retrieved from Harm Reduction Coalition: <https://harmreduction.org/wp-content/uploads/2011/12/HisforHeroin.pdf>
- Harm Reduction Coalition. (2018). *Heroin*. Retrieved from Harm Reduction Coalition : <https://harmreduction.org/wp-content/uploads/2011/12/HisforHeroin.pdf>
- Martin, W. (2017, March 09). *Syringe Exchange: Sound Science, Proven Policy*. Retrieved from Rice University's Baker Institute for Public Policy. Issue Brief: [https://www.bakerinstitute.org/media/files/files/3f4e6675/BI-Brief-030917-DRUG\\_SyringeExch.pdf](https://www.bakerinstitute.org/media/files/files/3f4e6675/BI-Brief-030917-DRUG_SyringeExch.pdf)
- NIH. (2018, April). *Opioid Overdose Reversal with Naloxone*. Retrieved from National Institute on Drug Abuse: <https://www.drugabuse.gov/related-topics/opioid-overdose-reversal-naloxone-narcan-evzio>
- SAMHSA. (2018). *Medication Assisted Treatment (MAT)*. Retrieved from SAMHSA-HRSA Center for Integrated Health Solutions: <https://www.integration.samhsa.gov/clinical-practice/mat/mat-overview>
- SAMHSA. (2018, November 02). *Opioid Overdose Prevention Toolkit*. Retrieved from Substance Abuse and Mental Health Services Administration : <https://www.samhsa.gov/capt/tools-learning-resources/opioid-overdose-prevention-toolkit>
- SFDPH. (2011, March 1). *Syringe Access and Disposal Program Policies and Guidelines*. Retrieved from SFHIV: <https://harmreduction.org/wp-content/uploads/2012/01/SPPPGVersion2-3-1-2011.pdf>
- Strike, C., Hopkins, S., Watson, T., Gohil, H., Leece, P., Young, S., . . . Challacombe, L. (2013). *Best Practice Recommendations for Canadian Harm Reduction Programs that*. Retrieved from Working Group on Best Practice for Harm Reduction Programs in Canada: [https://www.catie.ca/ga-pdf.php?file=sites/default/files/BestPracticeRecommendations\\_HarmReductionProgramsCanada\\_Part1\\_August\\_15\\_2013.pdf](https://www.catie.ca/ga-pdf.php?file=sites/default/files/BestPracticeRecommendations_HarmReductionProgramsCanada_Part1_August_15_2013.pdf)