

Protect the Best Things

Community Harm Reduction Toolkit

A resource for Alaska community members to learn more about a compassionate approach to substance use and related services.

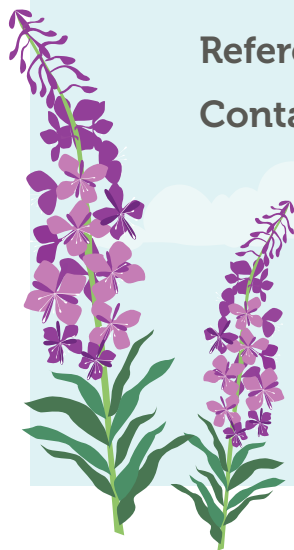


ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM



Contents

Acknowledgments	3
Land Acknowledgment	3
Harm Reduction Acknowledgment	3
Content Acknowledgment	3
Funder Acknowledgment	3
Preface: How to Use This Toolkit and Who It's For	4
Getting Connected to Your Local Resources	4
An Overview of Health Inequity: Opioids in Alaska	5
Data Snapshot	5
What is Harm Reduction?	6
Indigenous Harm Reduction	7
Substance Use	8
The Body	8
The Brain	9
Infectious Disease	10
Stigma	11
Language Matters	11
Talking to Others About Substance Use	13
Harm Reduction Supplies	14
Supplies Save Lives	14
Resources	15
References	19
Contact	20



Acknowledgments

Land Acknowledgment

We acknowledge the Dena'ina people, on whose traditional lands this toolkit was developed and where the Alaska Native Tribal Health Consortium headquarters are located. We also acknowledge the Creator and all Indigenous people of Alaska. Thank you for your past and present stewardship of the waters, plants, animals and spiritual practices of this place.*

Alaska is a diverse land with a multitude of Native languages, cultures and peoples. We encourage everyone to provide land acknowledgments specific to their areas.



For more information on how to do a land acknowledgment visit:

www.nativegov.org/a-guide-to-indigenous-land-acknowledgment/

Harm Reduction Acknowledgment

This toolkit hopes to honor generations and traditions that have come before us, and to support the needs and strengths of future generations. This toolkit is guided by Indigenous knowledge ways, as well as best practices gathered by subject matter experts.

We would also like to thank all of the past harm reduction advocates for providing services in their communities throughout the state, and to all of the people reaching out for support and engaging in services today.

Content Acknowledgment

The contents of this toolkit were heavily influenced by:

- [ANTHC Harm Reduction Toolkit, version 1.0](#)⁴
- [ANTHC MAT Toolkit](#)¹
- [First Nations Health Authority \(www.fnha.ca\)](http://www.fnha.ca)
- [E Hui Ana Na Moku \(The Islands shall unite\): Harm Reduction Community Toolkit 2022](#)⁷

Funder Acknowledgment

This version of the toolkit was funded by the [National Council for Mental Wellbeing](http://thenationalcouncil.org) (thenationalcouncil.org) and the [Healthy Alaska Natives Foundation](http://healthyalaskanatives.org) (healthyalaskanatives.org).

Version 2.0 – For more information, questions, comments or printed copy inquiries, please contact the Alaska Native Tribal Health Consortium (ANTHC) at iknowmine@anthc.org.

*Land Acknowledgment adapted from one developed by the ANTHC's 2019 Alaska Native Elders Health Advisory Committee.

Preface: How to Use This Toolkit and Who It's For

This toolkit was created for Alaskan community members who are 1) looking to initiate caring services for people who use substances and 2) starting their journey into learning more about harm reduction. This includes family, friends, teachers, Tribal health educators and others who look forward to positively supporting people who use substances.

This toolkit hopes to:

- Support community members with relevant information and tools to aid them in serving as harm reduction advocates in their communities
- Increase Alaska community member's awareness of issues faced by people who use substances
- Improve access to harm reduction services and resources for people who use substances

While this toolkit outlines considerations and suggestions, it also recognizes that success comes from leveraging existing program structures, Tribal health organizations, community partners and organizations, and finding solutions that work best for your community.

Health care providers should refer to the Medication Assisted Treatment Toolkit for clinical-focused approaches and resources to support harm reduction.



View on our website:
iknowmine.org

Getting Connected to Your Local Resources

Since the start of the COVID-19 pandemic, substance use and misuse, overdoses and deaths due to substance misuse have increased. People experiencing financial hardships, disruptions in routine and lack of physical connection may be more vulnerable to substance misuse. Take your time to go through the following information, but also take some time to locate resources most closely available to your community.

My local clinic is: _____

Phone: _____

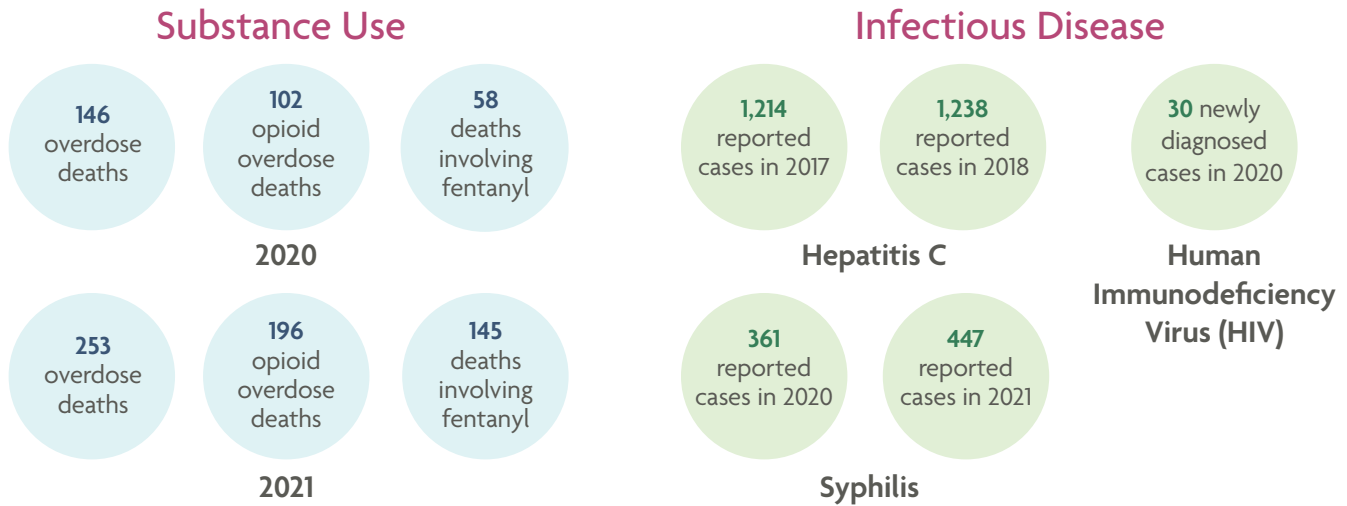
Address: _____

My local behavioral health support center is: _____

An Overview of Health Inequity: Opioids in Alaska

Data Snapshot

The following includes an overview of Alaskan data, made available by the State of Alaska.^{13 14}



The data presented here tells only a small part of the story, as these are not just statistics. Each data point represents individuals, their families and their communities. Ongoing conversations with communities are essential to knowing the whole picture of health in Alaska. Key notes of data include:

- Most recently, Fentanyl has been fueling the opioid epidemic. Fentanyl-related deaths have dramatically increased in Alaska.¹³
- With an increased overdose death rate, there has been higher death rates among younger age groups.¹³
- 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.¹³
- American Indian and Alaska Native communities experience disproportionate rates of substance use-related harms,¹⁰ including overdose,¹³ death, sexually transmitted infections (STIs) and HIV.¹⁵

To support harm reduction related needs across Alaska, ANTHC has provided the following harm-reduction supplies through iknowmine.org to Alaskans.

2021		2022	
Fentanyl Test Strips:	1,064	Fentanyl Test Strips:	2,295
Harm Reduction Safer-Injection Kits:	486	Harm Reduction Safer-Injection Kits:	1,911
HIV Self-test Kits:	79	HIV Self-test Kits:	247
Opioid Overdose-Response Kits:	1,077	Opioid Overdose Response Kits:	2,149

What is Harm Reduction?

Harm reduction is a transformative approach to public health that incorporates evidence-based, practical and community-driven strategies for prevention, risk reduction and health promotion. Harm reduction works to help people stay safer when engaging risky activities. People practice harm reduction every day by:



Using seatbelts in a car



Wearing helmets when riding a bike



Exercising



Using condoms during sex



Getting routine testing for HIV and Sexually Transmitted Infections (STIs)

Harm reduction helps keep people safer, regardless of whether they choose to continue engaging in activities associated with potential risk. In the context of substance use, harm reduction focuses on positive change and working with people who use substances without judgement, coercion, discrimination or requiring they stop using drugs as a precondition of support.

The harms from substance use vary and can include physical, mental, behavioral or even social harms. Some harm-reduction strategies can include practical, safe and effective strategies, such as:

- Opioid Overdose Recognition and Response Training
- Distributing opioid overdose reversal medication, like naloxone, to communities
- Making safer drug use equipment available, like sterile syringes or safer smoking supplies
- Peer support, counseling and therapy services
- Providing drug disposal systems to community members
- Educating community members about stigma
- Building community and increasing protective factors

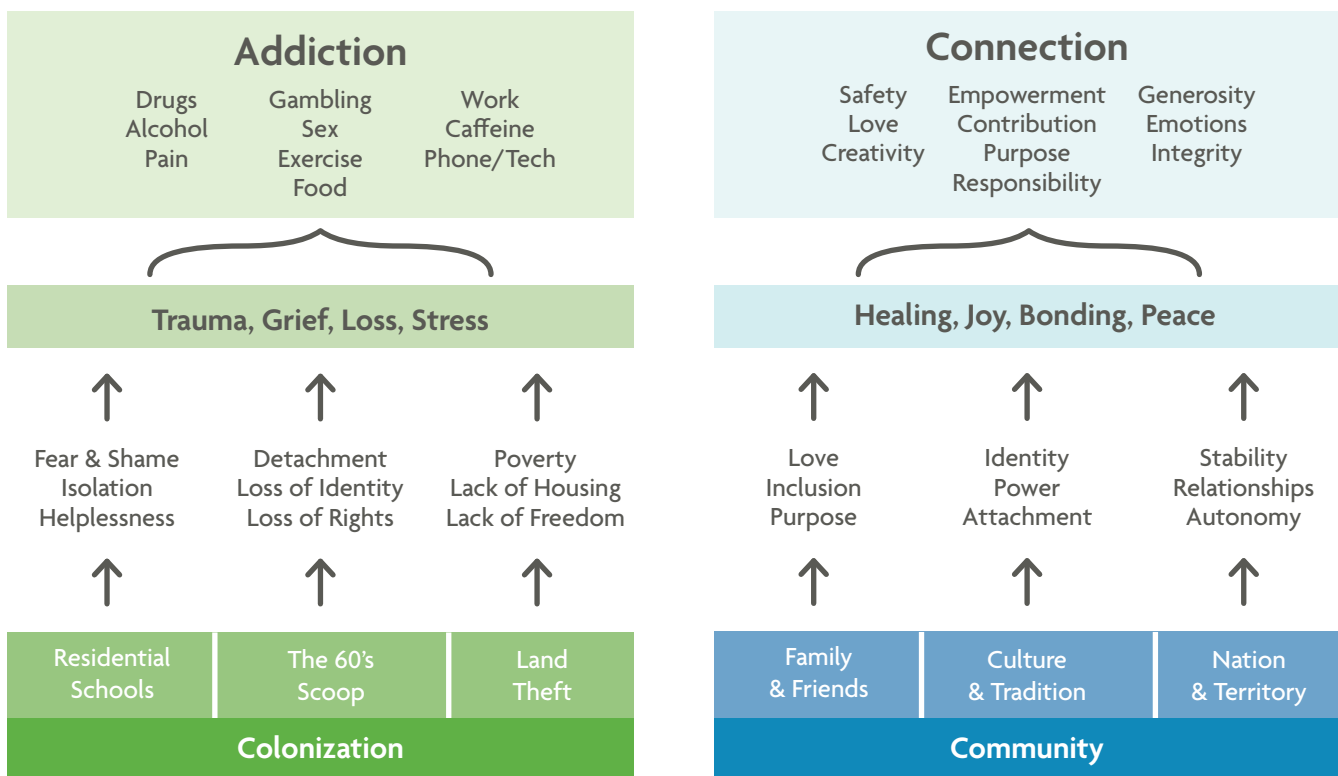
Harm reduction can also be a way to acknowledge the root causes of substance use. People start using substances for different reasons, including when prescribed by a medical provider to address a health condition. Sometimes people try drugs to fit in with a group of friends, or they might be curious or bored. Using a substance might temporarily make someone who is sad or upset feel better or forget about problems. But this escape lasts only until the substance wears off and does not address the root of the issue.⁶

Indigenous Harm Reduction

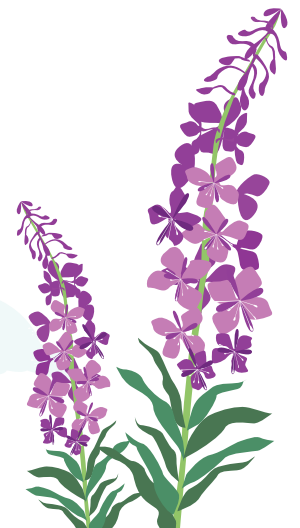
Indigenous harm reduction is an approach to substance use that integrates cultural knowledge and values into traditional harm reduction strategies. For many Indigenous communities, harm reduction can be a way to address the harmful impacts of colonization as the root cause of substance use.

Colonization has resulted in additional harms that impact Indigenous communities, such as historical trauma, intergenerational trauma, social marginalization and oppression, racism and discrimination. Understanding the impacts of colonization can aid in finding strategies to address risky behaviors. For many Indigenous people, the healing process may consist of confronting the history, reconnecting with the lands, engaging in spiritual practices or culture and building community with one another.

Building community fosters connections that oppose risky behaviors. Community connection that is trauma-informed focuses on a person's strengths, which can be drawn on for healing and building post-traumatic growth and resilience.⁶



Figures: The First Nations Health Authority (FNHA) provides an Indigenous perspective for Harm Reduction principles and practices.⁶



Substance Use

In this toolkit, ‘substances’ refers to items such as: alcohol, cocaine, hallucinogens, heroin, inhalants, marijuana, methamphetamine, opioids, spice or tobacco. Using substances can affect almost every system in your body. Long-term substance use can cause or worsen health problems, such as cancer, heart disease, lung disease, liver function and mental disorders. How people use substances can lead to infectious diseases, such as HIV, hepatitis and tuberculosis. Some of these health issues occur when drugs are used in high doses for long periods of times. However, each person and substance is different and health consequences can occur after just one use.

Substance use can lead to substance misuse, which is when a person consumes alcohol or drugs regularly despite the fact that it causes issues in their life. Long-term use can lead to substance use disorder (SUD), also called addiction, which is a disease that affects a person’s brain and behavior – leading to an inability to control the use of a substance despite the harmful consequences.³

The Body

Substances can alter the body in many different ways. Here are a few examples:

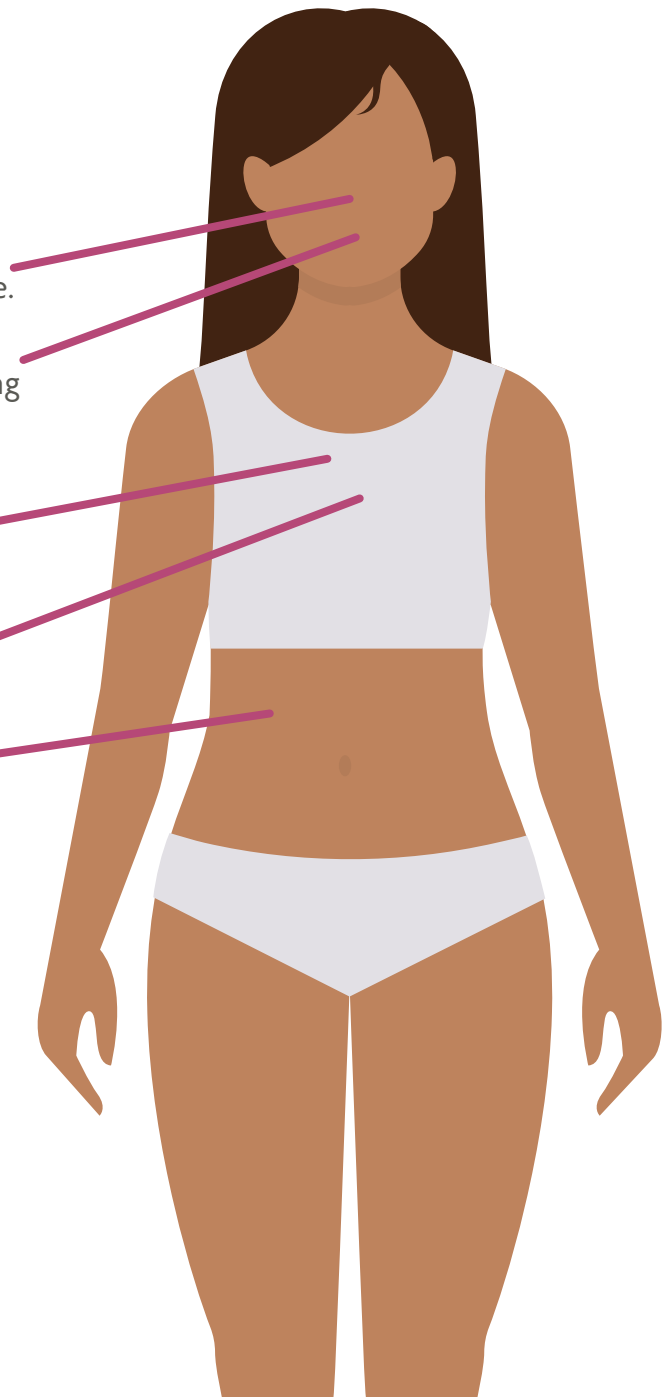
Cocaine can lead to nasal damage, loss of smell, damage to the intestines, weight loss and lung damage.

Inhalants can cause muscle spasms, tremors, trouble walking and talking and can cause difficulty when trying to learn new things.

Prescription opioids, when not taken as directed by a doctor, can cause slowed or stopped breathing, unresponsiveness, and death from overdose.

Tobacco in any form can harm several organs in the body, causing cancer, stroke, heart disease and lung problems.

Alcohol can lead to liver damage, cardiovascular disease and multiple types of cancer.³



www.iknowmine.org/product/substance-use-cards/

TIP: Check out the substance postcards included with the toolkit for an overview of different types of substances, their common street names, and how they each affect the body.

The Brain

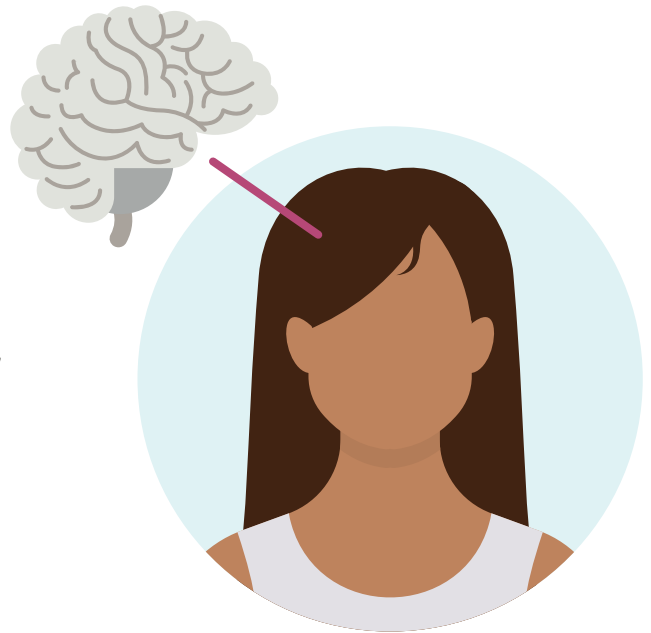
There are three big ways substances can affect the brain:

1) by attacking neurons, 2) by over stimulation, and 3) by crossing circuits and changing emotions.

1. Neurons

Drugs are chemicals. When these chemicals are ingested, either by smoking, injecting, inhaling or consuming them, they make their way into the brain's communication system and change the way nerve cells normally send, receive and process information. Different substances change the brain in different ways. Some substances are depressants, such as marijuana and heroin. Depressants cause the brain signals to slow down, resulting in delayed responses or sometimes sending the wrong message from the brain to the body.

Stimulants, such as cocaine and methamphetamine, impact how much dopamine the body produces, changing the stimulation of nerves. This causes 'crisscrossing of wires,' or signals from the brain to get mixed up. An example of this would be when someone whispers, it could sound like someone shouting in a microphone.³



2. Pleasure

Our brains are wired to make sure we will repeat survival activities, such as eating, by connecting those activities with pleasure. Whenever this reward circuit is kick-started, the brain recognizes something important is happening and teaches us to do it again and again without thinking about it. A common example of this is when you feel hungry, your brain tells you to eat, and when you eat food that tastes good, it makes you feel full and happy. Because substances 'hijack' this pleasure circuit, the brain gets tricked into recognizing substance use as something 'important' to remember in the same way it remembers to eat food.

After repeated substance use, the brain adjusts by producing less dopamine naturally. As a result, it is harder to feel pleasure without substances. When this happens, a person can feel sad, depressed, and is unable to enjoy things or activities that use to make them happy. In order to feel the same level of happiness again, a continued or higher dose of the substance must be used, which can lead to drug dependency.³

3. Emotions

In addition to actually changing the way the brain communicates with the rest of the body, substances can cause sudden mood changes – like going from extreme happiness to feeling frustrated and angry. Substances can also cause miscommunication in the brain when it comes to judgement, causing a person to talk or act in an unusual manner.

All substances can cause serious changes in your brain even after just one use.³

Infectious Disease

Using substances can make people more likely to engage in risky behaviors or act in ways that they normally wouldn't. Risky behaviors – such as sharing injection equipment, or having sex without barrier protection, like condoms – makes transmission of infectious diseases more likely to happen.

When it comes to infectious diseases like HIV and STIs, people may not have symptoms or know that they have it. The only way to know for sure is to get tested. In general, there are a few strategies that most people can take in order to prevent HIV and STI transmission, which can include:

- If sexually active, being in a long-term, mutually monogamous relationship with a partner who has been tested and is HIV negative, or with someone who is taking medication for their infection and has been cleared for sexual activity by their doctor.
- Using barrier protection methods, like condoms, consistently and correctly during sex.
- Do not share drug-use equipment, such as syringes and cookers.



Infections that people who use substances are at increased risk for can include:

HIV

HIV is virus that attacks the body's immune system. HIV is spread through contact with infected fluids from someone who has HIV and is not virally suppressed. These fluids include blood, semen and pre-seminal fluid, rectal fluids, breast milk and vaginal fluids. For transmission to occur, these fluids must also come in contact with damaged tissue, be injected directly into the bloodstream, or through a mucous membrane in the rectum, vagina, penis or mouth. Someone might not know that they have HIV for several years, as there may often not be any symptoms.

There is medication that people at ongoing risk for HIV can take to prevent HIV, called pre-exposure prophylaxis (PrEP). PrEP is a powerful tool for HIV prevention through sex and drug use.

Visit your local provider to see if PrEP is right for you, or find a PrEP provider near you:

npi.cdc.gov/preplocator



Syphilis

STI that can cause serious long-term health problems without treatment. Syphilis is spread during vaginal, anal or oral sex, and sometimes by genital touching, with someone who has syphilis. Like HIV, someone might not know that they have syphilis for several years, as there may not be any noticeable symptoms. It's important to get tested for syphilis because having infections, such as syphilis, makes it easier for someone to acquire HIV.

Hepatitis C Virus (HCV)

A virus that can cause long-term damage to the liver and other organs. HCV is spread through infected bodily fluids from someone with HCV, such as through sharing drug-use equipment or oral, vaginal or anal sex.

Chlamydia and Gonorrhea

STIs that can cause permanent damage to a person's reproductive system. These STIs are commonly spread during vaginal, anal or oral sex.

Stigma

Stigma refers to negative attitudes, beliefs or behaviors towards a person or a group of people because they have done something or have traits of which society disapproves. Stigma can look like prejudice, stereotypes, discrimination and judgement. Stigmas are commonly related to culture, gender, race and health.

There are multiple levels of stigma: ²

- Intrapersonal (self-stigma)
- Interpersonal (public stigma)
- Institutional (involves policies, laws and systems)

Stigma and shame only keep people from seeking help, and contribute to the physical, mental, social and legal harms that people who use substances face.⁸

To address stigma, communities can see the person who uses substances as a whole person rather than focusing only on their drug use. This can start by learning how to use person-first language.⁸

Language Matters

One way to reduce stigma is to change the way we speak about people who use substances, harm reduction and substance use itself. Our language matters and the way that we choose to speak about people who use substances is important.⁸

Use person-first language because:

- A person is a person first, and a behavior is something that they do and does not define a person's identity.
- Stigma is a huge barrier for people to access care. We want people who use substances to feel comfortable when they reach out.
- Avoid using language that suggests substance misuse is a moral or personality issue. Person-first language supports substance use as a medical issue.
- Person-first language is supportive and respectful of people's autonomy.

Examples of Stigma

Self-stigma

- "I'm a bad person because I use drugs."
- "I have diseases because I inject drugs."
- "I am weak because I drink alcohol."

Public Stigma

- "Don't they love their family enough to stop drinking?"
- "They are addicted because they don't try hard enough. It's easy to just quit or say no."
- "Needles will be everywhere if we offer them to drug addicts."
- "People who use drugs are dangerous."
- "They're not worth saving because they're addicts and drunks."

Institutional Stigma

- Barriers to access treatment and recovery services.
- Delayed testing and diagnosis due to substance use. Example: "People who use drugs aren't capable of handling their treatment."
- Ineligibility for services: social services, housing programs, work placement, etc.

"Be careful of how you speak about others. The things you say to others will show up in your children or grandchildren."

– Universal Alaska
Native teaching



The table below provides an overview of terms to avoid as they can contribute to stigma, as well as alternative suggestions for appropriate language to use.

The terms below are not all-encompassing, and the words and terms that we use may change over time in order to become more appropriate or accepted. The terms below may also conflict with what others may personally wish to be identified. For example – someone may self-identify as an addict or alcoholic, and encourage the use of this term in reference to their own self. What one person identifies as is not a descriptor for another.



WATCH:
First Nations Health
Authority YouTube Video:
'Taking care of each other:
reducing stigma'

Use This...	Instead of This...	Because...
Person who uses drugs Person who uses substances Person with alcohol use disorder Person with non-problematic drug use Person with substance use disorder Person with drug dependence Person with problematic drug use Person who injects drugs	Alcoholic Drug user Drug abuser Dope head Druggie Injection drug user Junkie Pothead Crackhead Stoner	The preferred terms use person-first language. Remember: A person is a person first and a behavior is something that they do. Much of the non-preferred terms are considered to be slang terms and have negative associations that can contribute to stigma.
Person in recovery Person in long-term recovery	Former or reformed addict or alcoholic	The preferred terms use person-first language. Avoid using language that suggests substance misuse is a moral or personality issue.
Substance use disorder Problematic drug use Harmful use Drug misuse	Drug abuse Drug problem Drug habit	Using the preferred terms supports substance use as a medical issue, not a moral issue.
Abstinent Person who has stopped using drugs	Clean	Use of the preferred terms is supportive and respectful of people's autonomy.
Actively using	Dirty	Use of the preferred terms is supportive and respectful of people's autonomy.
Respond Program Address Manage	Fight Counter Combat drugs	Using combatant language is stigmatizing and has a negative association.

Talking to Others About Substance Use

Using stigmatizing language or otherwise judging people can contribute to the harms and hurt people who use substances. Stigma and stigmatizing language can prevent constructive conversations with the people in our lives who use substances. Beginning this conversation is a crucial step, so it is important to come from a place of empathy and respect.⁶

To become a safe person to talk with, just remember there is no ‘right answer’ to a perfect conversation about this topic. However, developing a trusting and supportive relationship and understanding them as a person first are great goals to have.⁶

Creating safe spaces doesn’t have to wait until ‘the right moment.’ We can all find moments to have these important conversations or to be a harm reduction advocate in our everyday routines.⁶

Do

Use person-first language.

Gear up on your resource list for harm-reduction services.

Remember that it’s OK not to have all the answers, but it is important to advocate and point people in the right direction.

Listen to their point of view, even when it’s difficult to hear. Know that the most important part of communication is listening.

Meet them where they are at. Respect where they are in their journey.

Focus on their needs, not yours. Be aware the conversation might bring out strong emotions and may not go as you expect. Demonstrate that you are a safe space for open and supportive conversations.

Grab the moment. You can share what’s on your mind, rather than waiting for them to initiate the conversation.

Build trust and focus on ways you can encourage hope and healing.

Do Not

Focus the conversation solely on addiction or recovery, unless otherwise directed. People are more than their behaviors and not everybody strives for recovery.

Tell people to just “sober up” or “get clean.” These approaches are judgemental, contribute to stigma and are not supportive.

Give ultimatums for people who use substances, such as, “If you love me you’ll stop using.”

Believe everything you hear or see about substance use on social media or TV.

Assume you know what will be best for the person. Recovery is a unique process for people and you need to ensure that the person has a real voice in their own pathway to recovery.

Forget that addiction is a chronic disease. Addiction relapses are a reality, but not a failure. It is never too early or too late to provide help.

The conversation can be tough or uncomfortable, but being open to having conversations about substance use and harm reduction will show people that you care.

Harm Reduction Supplies

Supplies Save Lives

Access to safer substance-use supplies reduces the risk of harms related to substance use, such as contracting infectious diseases, overdose and death. Here's an overview of some safer substance-use supplies and how they reduce harms from substance use: ⁸

	Type	Primary Use	Why?
	Fentanyl test strips	Used to detect the presence of fentanyl, a synthetic opioid 500x stronger than heroin.	Reduces the risk of overdose and death.
	Sterile water	Used to cook a substance or clean a syringe.	Prevents infection and injection of unwanted particles into the body.
	Vitamin C	Used to dissolve and prepare the substance.	Lowers the risk of vein damage and collapse.
	Filters	Used to prevent injection of unintended particles.	Prevents infection.
	Tourniquets	Used to make veins easier to see and access.	Lowers the risk of HIV, Hepatitis C and other infectious diseases, vein damage and vein collapse.
	Syringes and needles	Used to inject a substance directly into the bloodstream.	Using fresh, sterile needles is proven to stop the spread of HIV, Hepatitis C and other infectious diseases. Lowers the risk of unnecessary damage to the veins.
	Needle disposal or clippers	Safely stores used or damaged needles for disposal.	Discourages reuse.
	Medication deactivation systems	Neutralizes drugs, including pills, patches, liquids, creams and films.	Lowers risk of overdose and substance misuse.
	Naloxone	Rapidly reverses opioid overdose.	Reduces risk of death due to opioid overdose.

Resources

Harm reduction initiatives, programs and services recognize that positive change means moving towards more connectedness to the community, family and culture. Success in providing harm reduction services to our communities, in part, comes from leveraging existing program structures, such as from Tribal health organizations, community partners and organizations, and finding solutions that work best for our communities.

The following section describes existing services that provide harm reduction supplies, supports or other services for people who use substance, or are at risk for infection or overdose.

Crisis Resources

- The Suicide and Crisis Lifeline: 988
- Find local in-person or virtual support for behavioral health or substance-use management needs: Call SAMHSA's 24/7 helpline at 800-662-HELP (4357), TTY: 800-487-4889.
- Alaskan Statewide AIDS Helpline: 1-800-478-AIDS
- For help finding Alaska-based resources in your area: Call 211 or visit alaska211.org.
- The ANTHC Behavioral Health Wellness Clinic (BHWC) is designed to meet every day behavioral health needs. All services are provided by telehealth. The BHWC goal is to promote Alaska Native wellness through compassionate and easy-to-connect to behavioral health services.
 - To learn more, call 1-833-642-2492 (BHWC) or 907-729-2492 (BHWC) or visit their website at anthc.org/bhwc.
- The Helpline is staffed by trained and caring volunteers and provides information on resources, referrals for assistance, and a sympathetic ear. Open from 6 – 11 p.m., 7 days a week.
 - 907-258-4777 – in Anchorage
 - 888-901-9876 – toll-free, outside Anchorage
- Love is Respect advocates are available 24/7 to offer support, education, and advocacy to teens and young adults (as well as friends and family) with questions or concerns about dating and relationships.
 - Text 'LOVEIS' to 22522
 - Call 1-866-331-9474 | 800-787-3224 (TTY)
- For people seeking substance use or mental health treatment in Alaska, visit www.treatmentconnection.com or call Treatment Connection at 833-275-2043

Training and Technical Assistance

Do you need assistance with implementing or expanding harm reduction strategies in your community? The ANTHC Substance Misuse Prevention program offers help and technical assistance to Tribes, Tribal health organizations and communities throughout Alaska.

Training and technical assistance activities may include:

Harm reduction trainings

Support for organizations looking to increase harm reduction strategies

Naloxone distribution and more

Contact saprevention@anthc.org for assistance.

iKnowMine

iKnowMine.org is a holistic health and wellness website where Alaskans can access a variety of services. People can access articles on health, ranging from topics on sexual health to alcohol, tobacco and other drugs. People can also look up their local health care facility, get connected to the I Want the Kit STI self-swab program and ask a real-life nurse questions about STIs, HIV or other sexual health issues through the Ask Nurse Lisa program.

iKnowMine.org also features an online store that provides harm reduction resources and supplies, such as:

- Opioid Overdose Response kits
- Educational materials for independent learning or group activities and more.
- Medication disposal systems
- Fentanyl test strips
- Condoms
- HIV self-test kits
- Sterile syringes and more.

Some ways to use this resource to promote Harm Reduction in your community:

- Encourage your clinic to carry condoms
- Offer access to safer drug use supplies
- Share and post harm reduction-related materials in clinics and local organizations

The iKnowMine.org store is accessible to all Alaska residents, as well as Alaska-based Tribal organizations and non-profits. Supplies are only mailed to Alaska-based mailing addresses.

There is no cost to participants for services provided through iknowmine.org.

Ask Nurse Lisa

Alaskans are able to ask a question related to STIs, HIV or other sexual health issues through the Ask Nurse Lisa program. All questions submitted are answered by a Registered Nurse through the ANTHC Early Intervention Services team. Asking a question is quick, easy and confidential.

Use this resource in your community by referring youth to Ask Nurse Lisa

www.iknowmine.org/ask-nurse-lisa/



I Want the Kit

The Alaska-based IWantTheKit.org (IWTK) program is a self-swab service available to any Alaskan age 14 and over. The kits can test for chlamydia, gonorrhea and trichomonas. IWTK is an easy to use, confidential, web-based service.



Promote this resource in your community by:

Posting flyers in public gathering spaces, or encouraging your clinic to post information.
Access the IWTK program here: iwantthekit.org

Ordering a kit from IWTK is free, accurate, confidential and easy:

1. Visit iwantthekit.org to create an account. This will help register the correct mailing address and contact information.
2. Place an order by following the prompts. If someone is not sure what parts of the body should be tested, there is information on how to determine this information.
3. Wait for your kit to arrive in the mail. The kit will be sent out to the address on file, and should arrive in confidential packaging in about a week.
4. Collect your samples in a private setting of your choosing.
5. Return the samples to the lab, using the mailing envelope that is provided within the kit.
6. Check your STI test results online by logging into your IWTK account.
7. For positive results, ANTHC provides follow up linkage to care activities to ensure prompt and correct treatment. Follow up also includes referrals for treatment and additional screenings for other STIs, like syphilis and HIV.

People who are symptomatic, believe they were directly exposed, or are looking for STI testing besides chlamydia, gonorrhea or trichomonas, should see their local health care provider for STI testing.



Find a local testing center near you at:
gettested.cdc.gov



Syringe Service Programs

Syringe service programs provide community education and training, care coordination to additional services, safer substance use supplies distribution and disposal, HIV/STI testing, and more.

Here are a few syringe service programs that are available throughout the state. Hours, dates and locations of service may change:

Anchorage: Alaskan AIDS Assistance Association (4A's)

Address: Anchorage: 1057 W. Fireweed Lane,
Mat-Su Valley: Mobile Health Unit, varies.

Phone: 907-263-2050

Email: <https://www.alaskan aids.org/contact>

Web: <https://www.alaskan aids.org/>

Mat Su Valley: Alaskan AIDS Assistance Association (4A's)

Hours: Wednesday and Friday 1–4 p.m.

Address: Mobile Health Unit: Park and Ride on Trunk
Road next to Mat Su Regional

Phone: 907-744-6877 – call/text with questions

Email: <https://www.alaskan aids.org/contact>

Web: <https://www.alaskan aids.org/>

Bethel: YKHC Pharmacy

Address: 700 Chief Eddie Hoffman Hwy

Fairbanks: Interior AIDS Association

Hours: Monday–Friday 8 a.m.–4 p.m.

Address: 710 3rd Ave

Phone: 907-452-4222

Web: <https://www.interior aids.org/>

Homer: The Exchange

Hours: First and Third Tuesdays each month, 5–7 p.m.

Address: 203 W. Pioneer Ave

Phone: 907-235-3436

Email: homerexchange@gmail.com

Web: <https://www.sphosp.org/mc-events/the-exchange/>

Juneau: Front Street Clinic

Hours: Monday–Friday 8:30 a.m.–4:30 p.m.

Address: 225 Front Street, Suite 202

Phone: 907-364-4565

Web: <https://searhc.org/location/front-street-clinic/>

Statewide

Your local medical center. Speak to your medical provider or pharmacist about the need for safer injection supplies. Order supplies from iknowmine.org.

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