

DEVELOPMENT OF A SYRINGE SERVICE PROGRAM

IN NEW HAMPSHIRE



ABOUT THE NEW HAMPSHIRE HARM REDUCTION COALITION

The New Hampshire Harm Reduction Coalition (NHHRC) is a statewide grassroots organization dedicated to the implementation of public health strategies that reduce the harm associated with drug use and misuse. NHHRC engages in policy advocacy, multi-sector education, resource and policy development, coalition and capacity building, and direct services.

NHHRC membership is composed of harm reduction programming experts, personnel from a variety of health care settings, medical educators, and people with lived experience of substance use disorders and recovery.

MISSION

The mission of NHHRC is to promote compassionate care for people who use drugs through harm reduction by supporting syringe service programs (SSPs), utilizing best practices, and advocating for human rights.

PRINCIPLES

- Honor the complex biopsychosocial nature of substance misuse that is unique to every individual.
- Respect the human rights, cultural values, beliefs, and dignity of all people.
- Are evidence-informed, pragmatic, non-coercive and non-discriminatory.
- Are continuously improved by timely and reliable evidence.
- Are trauma-informed, resilience, and recovery oriented.
- Are informed by the wisdom of lived experience.
- Are equally accessible to all.



THE PURPOSE



THE PURPOSE OF THIS MANUAL

BY EMILY RUNYAN

The purpose of this manual is to provide guidance to individuals and organizations in the state of New Hampshire with the development and management of Syringe Service Programs (SSPs). This manual will provide an overview of the planning that is required to start a successful SSP and will serve as a guide to implement harm reduction principles in the development of an SSP. New Hampshire has its own unique set of challenges, and this manual will explore ways to overcome potential obstacles to operating a successful SSP.

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LEGAL CONSIDERATIONS



On June 16th, 2017, SB234 was signed by Governor Sununu. This bill was relative to hypodermic syringes and needles containing residual amounts of controlled drugs and authorizing the operation of syringe service programs in New Hampshire.

WHAT THE BILL DID

- 1** Exempts residual amounts of controlled substances in hypodermic syringes and needles from the provisions of the Controlled Drug Act.
- 2** Authorizes persons other than pharmacists to dispense hypodermic syringes and needles and allows them to be sold in retail establishments other than pharmacies.
- 3** Authorizes the operation of syringe service programs in New Hampshire.

SYRINGE SERVICE PROGRAMS

318-B:41 Syringe Service Programs Authorized.

I.(a) The following entities if self-funded may operate a syringe service program in New Hampshire to prevent the transmission of disease and reduce morbidity and mortality among individuals who inject drugs, and those individuals' contacts:

- Federally qualified health centers.
- Community health centers.
- Public health networks.
- AIDS service organizations.
- Substance misuse support or treatment organizations.
- Community based organizations.

(b) The commissioner of the department of health and human services shall adopt rules, pursuant to RSA 541-A, further defining the entities in subparagraph (a).

II. Any entity operating a syringe exchange program in New Hampshire shall:

(a) Provide referral and linkage to HIV, viral hepatitis, and substance use disorder prevention, care and treatment services, as appropriate.

(b) Coordinate and collaborate with other local agencies, organizations, and providers involved in comprehensive prevention programs for people who inject drugs to minimize duplication of effort.

(c) Attempt to be a part of a comprehensive service program that may include, as appropriate:

- Providing sterile needles, syringes and other drug preparation equipment and disposal services.
- Educating and counseling to reduce sexual, injection and overdose risks.
- Providing condoms to reduce risk of sexual transmission of viral hepatitis, HIV, or other STDs.
- Screening for HIV, viral hepatitis, STD, and TB.
- Providing naloxone to reverse opioid overdoses.
- Providing referral and linkage to HIV, viral hepatitis, STD and TB prevention, treatment and care services, including antiretroviral therapy for hepatitis C virus (HCV) and HIV, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP).
- Prevention of mother-to-child transmission and partner services.
- Providing referral and linkage to hepatitis A virus (HAV) and hepatitis B virus (HBV) vaccination.
- Providing referral and linkage to and provision of substance use disorder treatment (including medication-assisted treatment for opioid use disorder which combines drug therapy (e.g., methadone, buprenorphine, or naltrexone) with counseling and behavioral therapy).
- Providing referral to medical care, mental health services, and other support services.

SYRINGE SERVICE PROGRAMS

318-B:41 Syringe Service Programs Authorized.

(d) Post its address, phone number, program contact, if appropriate, hours of operation and services offered on its Internet website.

(e) Report quarterly to the department, which shall include the following information regarding the program's activities:

- Number of needles/syringes distributed.
- Number of needles/syringes taken back.
- Number of HIV tests performed or delivered by the program.
- Number of HCV tests performed/delivered by program.
- Delivery of substance misuse treatment/care.
- Delivery of HIV care.
- Delivery of HCV care.
- Number of referrals to substance misuse treatment/services.
- Number of referrals to HIV testing.
- Number of referral to HCV testing.
- Number of referrals to HIV care.
- Number of referrals to HCV care.

While syringe services programs have existed in the United States since the 1980s, several states did not have laws in place until recently that allowed for the establishment of syringe services programs. In addition, states that did allow them, such as Maryland and Massachusetts, limited the number of syringe programs or limited the location of the programs.

NEEDS ASSESSMENT

IN THE BEGINNING STAGES OF PLANNING A NEW SSP IN NH



DURING THE INITIAL PLANNING STAGES OF A NEW SSP, COMPLETING A NEEDS ASSESSMENT WILL GUIDE THE DEVELOPMENT OF YOUR PROGRAM. A NEEDS ASSESSMENT WILL DETERMINE CURRENT SYRINGE ACCESS IN YOUR COMMUNITY AND THE AVAILABILITY OF NALOXONE. IT WILL ALSO HELP DETERMINE THE BEST LOCATIONS FOR YOUR SITES AND THE SPECIFIC NEEDS OF THE POPULATION YOU WILL SERVE. COMPLETING A NEEDS ASSESSMENT WILL ALSO PROVIDE INSIGHT INTO COMMUNITY SUPPORT OR HIGHLIGHT THE NEED FOR ADDITIONAL HARM REDUCTION EDUCATION IN YOUR COMMUNITY.

NEEDS ASSESSMENT

IN THE BEGINNING STAGES OF PLANNING A NEW SSP IN NH

Syringe Access

Speak directly to people who inject drugs to hear their experiences with obtaining syringes.



Is there access to syringes in the community through other avenues?



Where is the closest SSP?



Does your community have pharmacies that are currently selling syringes?



Where are individuals currently obtaining syringes, and are they sharing equipment?



How are participants currently disposing of syringes?

**“I USED TO BE ABLE TO BUY NEW SYRINGES RIGHT AT THE PHARMACY, BUT ALL OF THE PHARMACIES AROUND HERE STOPPED SELLING THEM. FOR A FEW MONTHS I WAS BUYING THEM ON THE STREET, BUT THAT WAS REALLY SCARY BECAUSE YOU NEVER KNEW IF YOU WERE GETTING A CLEAN ONE. I WOULD PAY \$5 OR \$6 FOR ONE SYRINGE ON THE STREETS. NOW I KNOW I CAN COME EVERY WEEK AND SEE YOU GUYS, AND I KNOW I AM GETTING NEW SYRINGES EVERY TIME. IT TAKES A LOT OFF MY MIND HAVING YOU GUYS HERE FOR ME.”
(QUEEN CITY EXCHANGE PARTICIPANT)**


NEEDS ASSESSMENT


IN THE BEGINNING STAGES OF PLANNING A NEW SSP IN NH

Naloxone
Access



 WHAT ORGANIZATIONS ARE DISTRIBUTING NALOXONE?

 WHAT ORGANIZATIONS ARE PROVIDING NALOXONE TRAINING?

 HOW MUCH NALOXONE WAS DISTRIBUTED IN YOUR COMMUNITY IN THE LAST YEAR?

 WHAT ARE THE OVERDOSE RATES IN YOUR COMMUNITY?



“WE LOST TWO FRIENDS TO ODS A FEW WEEKS AGO, AND NO ONE HAD ANY NARCAN. EVERYONE WAS AFRAID TO CALL THE COPS, THEY DON’T TREAT US TOO WELL AROUND HERE. I HAVE SOME NARCAN NOW, AND TOLD MY FRIENDS TO COME DOWN HERE AND GET SOME TOO. I HOPE I DON’T HAVE TO USE IT, BUT I DEFINITELY WOULD IF I NEEDED TO.” (QUEEN CITY EXCHANGE PARTICIPANT)

“HAVING NARCAN FOR EVERYONE MAKES ME FEEL REALLY SAFE. I AM GLAD THAT MY FRIENDS HAVE IT TOO. I HAVE SEEN SO MANY PEOPLE GET SAVED WITH NARCAN. PEOPLE WHO DON’T USE THINK THAT WE USE NARCAN FOR FUN, BUT WE USE IT SO WE DON’T DIE. I WANT MORE PEOPLE TO UNDERSTAND THAT.” (QUEEN CITY EXCHANGE PARTICIPANT)


NEEDS ASSESSMENT

IN THE BEGINNING STAGES OF PLANNING A NEW SSP IN NH

Population



 HOW MANY PEOPLE WHO INJECT DRUGS (PWID) LIVE IN YOUR COMMUNITY?

 WHAT SPECIFIC DRUGS ARE BEING INJECTED, AND WHAT IS THE FREQUENCY OF INJECTION?

 WHAT OTHER SERVICES ARE AVAILABLE IN YOUR COMMUNITY FOR PWID?

 DOES YOUR COMMUNITY HAVE A USER'S UNION?

NEEDS ASSESSMENT

IN THE BEGINNING STAGES OF PLANNING A NEW SSP IN NH

Geography



- IS YOUR COMMUNITY RURAL OR METROPOLITAN?
- WILL PARTICIPANTS HAVE THE ABILITY TO REACH YOUR SSP (I.E. PUBLIC TRANSPORTATION) OR WILL YOUR PROGRAM PROVIDE HOME DELIVERY?
- FOR A FIXED SITE, IDENTIFY A CENTRALIZED LOCATION TO CONDUCT EXCHANGES
- IDENTIFY SCHOOL ZONES (OUTREACH MUST BE CONDUCTED 1,000 FEET OUTSIDE OF SCHOOL ZONES)

NEEDS ASSESSMENT

IN THE BEGINNING STAGES OF PLANNING A NEW SSP IN NH

Health Resources



- DOES YOUR COMMUNITY HAVE A HEALTH DEPARTMENT?
- IS THERE ACCESS TO HIV/HEP C TESTING?
- IS THERE A COMMUNITY HEALTH CENTER OR HOSPITAL IN YOUR COMMUNITY?
- WHAT ARE THE CURRENT RATES OF HCV/HIV IN YOUR COMMUNITY?

**“I HAD HEP C BEFORE, BUT GOT TREATED A LONG TIME AGO. MY DOCTOR CHECKED ME FOR IT AGAIN A FEW MONTHS AGO, BUT I DIDN’T WANT TO TELL HIM I USED. I FEEL PRETTY COMFORTABLE WITH YOU GUYS, AND WOULD LET YOU KNOW IF I EVER NEEDED ANYTHING.”
(QUEEN CITY EXCHANGE PARTICIPANT)**

**“IT SAVES LIVES AND KEEPS PEOPLE FROM DISEASE. I WAS IN THE HOSPITAL FOR 15 DAYS FOR CELLULITIS AND HAVEN’T HAD INFECTIONS SINCE I STARTED SEEING YOU GUYS.”
(HAND UP PARTICIPANT)**

NEEDS ASSESSMENT

IN THE BEGINNING STAGES OF PLANNING A NEW SSP IN NH

Political
Climate



DOES YOUR LOCAL GOVERNMENT SUPPORT HARM REDUCTION EFFORTS?



HAS LOCAL GOVERNMENT PUBLICLY ADDRESSED ISSUES CONCERNING PWID (ARRESTS, OVERDOSES, EXPANSION OF SERVICES, ETC.)

SOMERSWORTH POLICE CHIEF DAVE KRETSCHMAR SAID EARLY ON FRIDAY HE SEES HAND UP'S PRESENCE AS A "POSITIVE" STEP FOR THE HILLTOP CITY. HE ALSO SAID HE BELIEVES A SOMERSWORTH SITE WOULD HELP COMMUNITY-WIDE EFFORTS TO STEM THE OPIOID CRISIS.

(FOSTERS DAILY DEMOCRAT, OCTOBER 2018)

ENGAGEMENT



SSPs exist to meet the needs of PWID. An SSP needs assessment can help to determine exactly what the specific needs of the PWID community are and how they may vary between different groups of injectors. The best source by far for understanding these needs is to talk directly to PWID themselves.

PARTICIPANT ENGAGEMENT

Successful SSPs often have high engagement from participants themselves, so it is important to involve PWID during the initial planning stages of a new program. PWID are likely your strongest advocates for a new SSP and will be able to provide insight on specific needs of participants, possible site locations, and will be able to get the word out about a new SSP more effectively than other volunteers. SSPs should be inclusive of PWID in their volunteer trainings.



Understanding who is already in support of SSPs and who may have concerns early on is critical. Consider the following list of potential stakeholders:

COMMUNITY PARTNERSHIPS

Identifying Partners and Stakeholders starting an SSP in your community will provide you with an opportunity to meet with local officials, build partnerships, and educate your community on harm reduction.

- Churches/Religious Groups
- Mental Health Providers
- Healthcare Providers
- Substance Use Treatment Providers
- Educators
- First Responders
- Public Health Networks
- Health Departments

By contacting and engaging these stakeholders early in the needs assessment process, you will be able to gauge their level of support or resistance to the program, gain insight into their experiences with PWID in the community, and proactively address any concerns that they may have. Also, early inclusion of as many stakeholders as possible may avert unanticipated roadblocks, strengthen proposals for funding if there is multi-agency collaboration, and generally result in a more thorough understanding of community needs.



COMMUNICATE EARLY AND OFTEN

If there is a concentration of community services in a specific area, there might be local opposition to siting the facility. Be aware that the community may already feel burdened and not want another social service. Be sensitive to their concerns and seek to engage them in a constructive dialogue about how to mitigate these issues – before identifying a location. Include representatives from all aspects of your community in this effort. Community members should include law enforcement, elected officials, business leaders, public health, medical community, people who inject drugs, individuals in recovery, the faith community, and families and friends of individuals with substance use disorders. In addition, some communities have found success in seeking out individual leaders in these communities first to gain their support so they can be a trusted advocate for you with the rest of the community. They may be a useful resource for communities facing opposition to siting syringe services programs. (Comer Foundation)

WHEN MEETING WITH STAKEHOLDERS, HIGHLIGHT THE BENEFITS TO THE COMMUNITY

Scientists, including those at the Centers for Disease Control and Prevention (CDC), have studied SSPs for more than 30 years and found that comprehensive SSPs benefit communities.



SSPs **save lives** by lowering the likelihood of deaths from overdoses.



Providing testing, counseling, and sterile injection supplies helps prevent outbreaks of other diseases. For example, SSPs are associated with a 50% decline in the risk of HIV transmission.



Users of SSPs were three times more likely to stop injecting drugs.



Law enforcement benefits from reduced risk of needlesticks, no increase in crime, and the ability to save lives by preventing overdoses.



When two similar cities were compared, the one with an SSP had 86% fewer syringes in places like parks and sidewalks.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS000156-D March 22, 2019

DETERMINE PROGRAM DETAILS

SITE LOCATION

Determine a set location for outreach. Possible locations may include churches, community health centers, hospitals, or parking lots. Consider the safety of participants and volunteers when determining a site. If outreach is conducted in an outdoor space, ensure that the area is well lit if exchanges are to be conducted after dark. City officials may be able to offer suggestions for outreach locations if they are included in the planning process.



DETERMINE PROGRAM DETAILS

KIT CONTENTS



Programs of NHHRC provide participants with cottons, cookers, sterile water, alcohol wipes, and tourniquets in addition to syringes. Each program should determine the quantity of items in each kit based on program budget and participant needs.

Syringe Distribution-

THERE ARE SEVERAL SYRINGE DISTRIBUTION MODELS FOR SSPS. EACH MODEL HAS PROS AND CONS, AND EACH PROGRAM SHOULD DETERMINE WHICH MODEL BEST FITS THE NEEDS OF PARTICIPANTS WHILE ALSO FITTING INTO THE SSP SUPPLY BUDGET.

- **NEEDS-BASED DISTRIBUTION-** EMPHASIZES ACTUAL AND CURRENT INJECTION NEEDS ASKING PARTICIPANTS, “HOW MANY SYRINGES DO YOU NEED?” IN ORDER TO IDENTIFY THE NUMBER OF SYRINGES THAT WILL BE DISTRIBUTED DURING A TRANSACTION.
- **ONE-FOR-ONE DISTRIBUTION-** FOR EVERY USED SYRINGE A PARTICIPANT BRINGS TO THE EXCHANGE, THEY WILL RECEIVE ONE NEW, STERILE SYRINGE.
- **ONE-FOR-ONE PLUS DISTRIBUTION-** FOR EVERY ONE USED SYRINGE RETURNED BY A PARTICIPANT, IT IS POSSIBLE FOR THE PARTICIPANT TO RECEIVE MORE THAN ONE STERILE SYRINGE, AS PRE-DEFINED BY PROGRAM POLICY. PROGRAMS OF NHHRC CURRENTLY UTILIZE THIS MODEL OF SYRINGE DISTRIBUTION. PARTICIPANTS WHO ARE ENGAGED IN THE PROGRAM AND REGULARLY RETURN SYRINGES AT THE EXCHANGE ARE INCREASED EACH TIME BY INCREMENTS OF 10, UNTIL THEY HAVE ENOUGH SYRINGES TO GET THEM FROM SITE TO SITE. PARTICIPANTS GET A MAX OF 400 SYRINGES PER EXCHANGE.

FUNDING

No mechanism to fund SSP activities was included in NH's SSP law. Organizations that decide to operate an SSP need to identify a funding source for these activities. The federal Consolidated Appropriations Act of 2016 included language that gives states and local communities, under limited circumstances, the opportunity to use federal funds to support certain components of SSPs. State, local, tribal, and territorial health departments must request permission to use federal funds to support SSPs by consulting with the Centers for Disease Control and Prevention (CDC) and providing evidence that their jurisdiction is (1) experiencing, or (2) at risk for significant increases in hepatitis infections or an HIV outbreak due to injection drug use. NH DPHS submitted a Determination of Need request to the CDC on October 5, 2017 and on October 26, 2017, the CDC issued a letter of concurrence that NH is at substantially increased risk of viral hepatitis or an HIV outbreak due to injection drug use. This letter of concurrence does not mean that NH will receive any new funding for SSP operations. Eligible HHS-funded recipients in NH may apply to direct federal funds to support certain aspects of SSPs. Recipients interested in directing funds should contact the specific HHS funding agency to submit such a request.

(<https://www.dhhs.nh.gov/dphs/bchs/std/operating-syringe-program.htm>)

SSPs operating in NH are responsible for securing their own funding. There are many small grants available to SSPs. When recruiting volunteers or hiring staff for a new SSP in NH, identifying individuals with grant writing experience is crucial for the stability of a new program.

FUNDING



AIDS UNITED

The Syringe Access Fund (SAF) is a national grantmaking collaborative that supports service providers and policy projects that reduce the use of shared syringes and ensure their safe disposal. For over a decade, SAF has made remarkable impact on public policy and public health, awarding more than \$20 million in funding. With this support, grantees have distributed over 66 million syringes to more than 350,000 clients and have led advocacy efforts to change laws around the country, so these programs can reach more people in need.

Information and applications for funding through Aids United are available at <https://www.aidsunited.org/Programs-0024-Grantmaking/Syringe-Access-Fund.aspx>

FUNDING

NASEN

A DAVE PURCHASE INITIATIVE

NASEN

When possible, NASEN provides program support packages (PSPs). These packages are intended to support newly emerging syringe service programs or resource-lacking programs with the very basic of harm reduction supplies to assist in the beginning stages of developing their programs. In addition to the program support packages, NASEN may provide discretionary short-term credit when an SSP is waiting for a grant award letter, or when a program is struggling with funding so it is not forced to curtail or cease operations.

Information for support through NASEN is available at

<https://www.nasen.org/>

FUNDING



Comer Family Foundation

COMER FOUNDATION

Since 1992, the Comer Family Foundation has offered a grant making program to support comprehensive harm reduction programs that improve the health and wellness of people who use drugs. These programs provide free sterile syringes, education, and community wraparound services to reduce opioid overdose and the transmission of HIV and viral hepatitis. Information and applications for grants through the Comer Foundation are available at <http://www.comerfamilyfoundation.org/syringe-service-program>

VOLUNTEER TRAINING

SSP volunteer trainings are most effective when held in person



SSP volunteer trainings are most effective when held in person but can also be held virtually. Some of the benefits of holding these trainings in person are that potential volunteers can handle the contents of the kits, participate in role playing activities, and participate in a live naloxone training. If you live in an area that is geographically large, a virtual training may attract more potential volunteers. Registering your training with an online ticketing platform, such as Eventbrite, can help to boost your attendance. Sharing the event through social media will also encourage engagement from interested individuals.



Typical volunteer trainings through NHHRC are 2-3 hours long, and cover the following topics:

- Harm Reduction 101
- Overview of Syringe Service Programs
- Volunteering with an NHHRC SSP
- Conducting an Exchange
- Language Matters
- Kit Contents
- Safe Disposal
- Naloxone/Overdose Prevention
- Drugs Injected
- Protocols
- Next Steps for New Volunteers

AT THE END OF THE INITIAL TRAINING, VOLUNTEERS WHO ARE INTERESTED IN PARTICIPATING IN OUTREACH ARE ENCOURAGED TO SHADOW AT A SITE. IF VOLUNTEERS ARE PLANNING TO PARTICIPATE IN A NEW PROGRAM, THEY ARE CONNECTED WITH AN EXISTING NHHRC PROGRAM TO SHADOW AT A SITE. NEW VOLUNTEERS RECEIVE ADDITIONAL TRAINING FROM THE TEAM LEADER AT THE SITE PRIOR TO CONDUCTING EXCHANGES THEMSELVES. THIS WILL ENSURE THAT THE VOLUNTEER IS COMFORTABLE WITH THE PROTOCOLS OF THE PROGRAM AND IS AWARE OF SAFETY CONSIDERATIONS WHEN CONDUCTING EXCHANGES. VOLUNTEERS COMPLETE A LIST OF COMPETENCIES WITH THE TEAM LEADER PRIOR TO CONDUCTING EXCHANGES INDEPENDENTLY.



Description	Date Reviewed
Policies and Procedures	
Review Hand Up Outreach Protocols and Procedures	
Identify the team leaders for each site	
Identify the Medical Coordinator	
Review Incident Reporting	
Naloxone	
Able to identify signs and symptoms of opiate overdose	
Demonstrate injectable naloxone teaching	
Demonstrate nasal naloxone teaching	
Demonstrate ability to explain indications for naloxone, risks/benefits of use	
Supplies	
Able to identify items available in a kit, and explain purpose of each item	
Explain to participant items that can transmit disease	
Provide appropriate supplies to participants	
Safer Injection	
Review Safer Injection Tips handout	
Explain to participant safer injection tips	
Outreach	
Attend volunteer training	
Attend Friday night outreach	
Participate in street outreach	
Participate in private meet up	
Engage with participants appropriately	
Provide participants with other locations and times of outreach sites	
Record data on outreach tracking sheet	
Able to explain to participants the concept of secondary exchange	
Enter data in to Qualtrics	
Safe Disposal	
Demonstrate safe handling of syringe containers	
Able to identify quantity of syringes in disposal containers	
Utilize proper safety gear (gloves, reacher- grabber) in the event of syringe handling	
Verbalizes understanding of needlestick protocol	
Communication	
Connect to GroupMe app	
Able to explain Google Voice phone number to participants	
Program phone numbers in phone for Team Leader, Chair, Vice Chair, Medical Coordinator	
Provide email address and phone number to Team Leader	

 Outreach Volunteer Name

 Outreach Volunteer Signature

 Team Leader Signature

STATE REGISTRATION

ONCE A NEEDS ASSESSMENT HAS BEEN COMPLETED AND VOLUNTEERS HAVE BEEN ENGAGED, THE NEXT STEP IS TO REGISTER AS AN SSP WITH THE STATE. THIS IS AN IMPERATIVE STEP PRIOR TO DISTRIBUTION OF SYRINGES THROUGH THE PROGRAM. STATE REGISTRATION CONSISTS OF COMPLETING A ONE-PAGE FORM. IT IS REQUIRED TO POST THE LOCATION AND HOURS OF OPERATION ON YOUR PROGRAM WEBSITE.



New Hampshire Syringe Services Program Registration Form

Registration Date: ____/____/____

- Organizations operating syringe services programs in New Hampshire must register with the department of health and human services and confirm registration annually on or before November 1 of each subsequent year.
- Organizations operating syringe services programs must report syringe services program activities to the department quarterly. A report format for this purpose will be provided by the department. For questions about this form, call the Bureau of Infectious Disease Control at 603-271-4496.

Organization Information

Name _____

Address _____ City/Town _____ State _____ Zip _____

Organization Phone Number: _____ Email: _____

Primary Contact Person Name: _____

Phone Number: _____ Email: _____

Secondary Contact Person Name: _____

Phone Number: _____ Email: _____

Planned days/hours of operation: _____

Organization Type

- | | |
|---|---|
| <input type="checkbox"/> Federally-Qualified Health Center | <input type="checkbox"/> Community Health Center |
| <input type="checkbox"/> Public Health Network | <input type="checkbox"/> AIDS Service Organization |
| <input type="checkbox"/> Substance Misuse Support or Treatment Organization | <input type="checkbox"/> Community-Based Organization |

Syringe Services Offered

Sterile needle and syringe distribution	<input type="checkbox"/> Offered on-site	<input type="checkbox"/> Referred	<input type="checkbox"/> Not offered or referred
Used needle and syringe disposal	<input type="checkbox"/> Offered on-site	<input type="checkbox"/> Referred	<input type="checkbox"/> Not offered or referred
Risk reduction counseling and education	<input type="checkbox"/> Offered on-site	<input type="checkbox"/> Referred	<input type="checkbox"/> Not offered or referred
Condoms distribution	<input type="checkbox"/> Offered on-site	<input type="checkbox"/> Referred	<input type="checkbox"/> Not offered or referred
HIV screening	<input type="checkbox"/> Offered on-site	<input type="checkbox"/> Referred	<input type="checkbox"/> Not offered or referred
STD screening	<input type="checkbox"/> Offered on-site	<input type="checkbox"/> Referred	<input type="checkbox"/> Not offered or referred
Hepatitis B screening	<input type="checkbox"/> Offered on-site	<input type="checkbox"/> Referred	<input type="checkbox"/> Not offered or referred
Hepatitis C screening	<input type="checkbox"/> Offered on-site	<input type="checkbox"/> Referred	<input type="checkbox"/> Not offered or referred
Tuberculosis screening	<input type="checkbox"/> Offered on-site	<input type="checkbox"/> Referred	<input type="checkbox"/> Not offered or referred
Naloxone dispensing	<input type="checkbox"/> Offered on-site	<input type="checkbox"/> Referred	<input type="checkbox"/> Not offered or referred
Hepatitis A and B vaccination	<input type="checkbox"/> Offered on-site	<input type="checkbox"/> Referred	<input type="checkbox"/> Not offered or referred
Medical and mental health care	<input type="checkbox"/> Offered on-site	<input type="checkbox"/> Referred	<input type="checkbox"/> Not offered or referred
Substance use disorder treatment	<input type="checkbox"/> Offered on-site	<input type="checkbox"/> Referred	<input type="checkbox"/> Not offered or referred

Submit completed registration form by email or fax to:
 FAX: (603) 271-0545 Email: nhbdc@dhhs.nh.gov

FORMATION OF A COMMITTEE



I've searched all the parks in all the cities and found no statues of committees.

G K Chesterton

The SSP Committee should plan to meet monthly. At this meeting, monthly data can be reviewed. The monthly meeting gives all volunteers an opportunity to follow up on old business, discuss new business, review financials for the month, discuss program needs, and welcome new volunteers. These meetings typically take 1-2 hours. The first step of forming a committee is to designate roles. The roles described below encompass most aspects of running a successful SSP. In the beginning stages of a program, one individual may take on multiple roles, and there will likely be vacancies in other roles. Depending on the needs of a specific program, there may be additional roles created.



SSP Committee Positions

Updated 10/14/19

Chair-

- Facilitates monthly Committee meeting
- Collaborates with Secretary to review Committee meeting agenda prior to each meeting
- Collaborates with Materials Coordinator, Chair, Development Coordinator to develop annual budget

Vice Chair-

- Acts as meeting chair if Chair is unable to attend monthly Committee meeting
- Ability to step in for Chair in the event of vacancy or leave of absence

Treasurer-

- Responsible for oversight of finances
- Collaborates with Chair, Materials Coordinator and Development Coordinator to develop annual budget
- Completes monthly financial report, reviews report at monthly Committee meeting
- Reviews all purchase orders for supplies and expenses prior to submission
- Communicates monthly with Chair regarding finances
- Ability to utilize accounting software

Policy Chair-

- Responsible for creating policies related to operations
- Reviews policies created by other committee members to assure that policies align with mission and values
- Collaborates with NHHRC Policy Chair

Secretary-

- Responsible for gathering agenda items from volunteers to present at monthly Committee meeting
- Records attendance at monthly Committee meeting
- Responsible for collecting monthly outreach site reports from Team Leaders
- Attends monthly Committee meetings, takes minutes and distributes appropriately
- Keeps updated email distribution lists
- Distributes electronic materials to volunteers

Medical Coordinator-

- Has a background in healthcare, public health, or infectious disease
- Responsible for follow up on any needlesticks
- Communicates any incidents of potential volunteer exposure (i.e. needlesticks) to NHHRC Chair within 24 hours
- Provides education to volunteers around Hep C, HIV, and other possible complications of IV drug use

Volunteer Coordinator-

- Facilitates regularly scheduled volunteer trainings
- Updates volunteer training materials to ensure that information is accurate and up to date, reflecting the mission of the program
- Provides support and oversight to team leaders
- Updates volunteer competencies as needed
- Ensures that all direct service outreach volunteers are current with competencies
- Provides feedback to outreach volunteers regarding strengths and weaknesses
- Facilitates professional development opportunities for volunteers
- Is available to volunteers to assist when interpersonal conflict arises
- Collaborates with team leaders to ensure that sites are adequately staffed with volunteers
- Maintains database of active volunteers, to include emergency contact information and insurance carrier. Distributes updated lists to Team Leaders

Materials Coordinator-

- Collaborates with Chair, Treasurer, and Development Coordinator to develop annual budget
- Completes monthly inventory of supplies
- Responsible for updating and maintaining contracts with supply vendors
- Coordinates preparation of supplies for distribution
- Coordinates syringe disposal
- Provides monthly update on purchases and inventory at Committee meeting
- Communicates with team leaders to identify supplies needed

Team Leader (One per scheduled site)-

- Responsible for oversight of scheduled outreach site
- Restocks supply tote prior to scheduled outreach
- Facilitates distribution of supplies to participants in accordance to Protocols
- Ensures that volunteers complete competencies within 2 months
- Responsible for communicating with team members to ensure adequate site coverage
- Reports any concerns to Volunteer Coordinator
- Enters outreach data in to Qualtrics
- Delegates tasks to outreach volunteers

Literature Coordinator-

- Develops evidenced based materials to provide to participants
- Responsible for updating all materials distributed, including business cards, safer injection information. etc.

- Presents new materials at monthly Committee meeting
- Collaborates with Team Leaders to identify participant needs and develop new literature
- Assists with updating social media accounts and website

Development Coordinator-

- Collaborates with Chair, Treasurer, and Materials Coordinator to develop annual budget
- Identifies potential donors in the community
- Coordinates fundraising events

Chair, Vice Chair, Treasurer, Policy Chair, Secretary- all positions are elected positions, with term lasting no longer than 5 years. Elections held annually. Individuals with term of 5 years can take 1 year off, and then run for additional subsequent term.

Other positions are appointed, no term limit, terms at discretion of board.

DATA COLLECTION



Our Company

Our sole aim is to assist all services to improve the care and the prospects of their clients.

Our Vision

- To have the best products
- To have the best people
- To provide the best service

Our Solution

neo is, without doubt, the most comprehensive harm reduction and public health solution available. neo is used in thousands of locations by thousands of users everyday.

NHHRC programs utilize a program called Neo360. Neo360 is an application that allows for the tracking and reporting of transactions at the individual participant level. Using an anonymous unique identifier, Neo360 offers a window into the activities of a participant across all outreach locations. For our participants, this helps reduce the number of questions asked during each transaction, determine personal rates of return, and track referrals to secondary services. For our overall program, Neo360's individual-level tracking aligns with the requirements for larger sources of funding and offers detailed reporting capabilities used to inform program decisions.

DATA COLLECTION

Programs may opt to provide participants ID cards with unique identifiers. If your program is going to issue unique identifiers, cards should include information on the syringe law in NH. Having this card identifies individuals as participants in a registered SSP in the event that they are questioned about possession of syringes or supplies by law enforcement officials. It is a best practice to allow participants to exchange syringes and receive supplies anonymously if they do not wish to receive a unique identifier. (harmreduction.org)

SYRINGE SERVICES PROGRAM

VOLUNTEER/ PARTICIPANT IDENTIFICATION

RSA 318-B:43 grants syringe service participants protection from legal action related to possession of syringes including those with residual drugs. The person carrying this card is a volunteer or participant of a NH Syringe Service Program.

Please **do not** confiscate any syringes or safe supplies that this person is in possession of as this could lead to higher rates of disease and death in NH.

For more information on NH syringe service programs visit www.nhhrc.org



Outreach site: _____ Outreach Date: _____ Outreach workers: _____

	Unique ID NN MM YYYY NNN <small>Middle name, Month of birth, Year of birth, mother caregiver</small>	Gender	NEW ONLY		Drugs injected	Syringes given	Syringes returned	Narcan (I/N)	ODs reversed since last visit	# people provide supplies to	Other comments, literature given, referrals
			Town	Start M/Y							
1		F M O									
2		F M O									
3		F M O									
4		F M O									
5		F M O									
6		F M O									
7		F M O									
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20		F M O									

SSPs should limit data collection to essential information regarding the services provided/received. Data collection should include information required for quarterly state reporting and may also include information around overdose reversals and secondary exchanges if collection of this information benefits the participants and the program. Data collection should never interfere with participation or SSP operation.

SUPPLIES

After you have established a site

Once you have established a site, trained volunteers, secured funding, and registered as a program with the state, you are ready to put together your first supply order. Supplies offered vary by program to program based on participant needs and program funding. Some of the basic supplies are outlined below.



COTTONS

COTTONS- MOST PWID DRAW THEIR DRUG SOLUTION FROM A COOKER OR SPOON INTO A SYRINGE THROUGH SOME TYPE OF FILTER— MOST OFTEN A PIECE OF COTTON OR OTHER ABSORBENT MATERIAL. THE FILTER ACTS TO KEEP OUT PARTICULATE MATTER AND OTHER FOREIGN OBJECTS THAT COULD CAUSE HARM.



COOKERS

COOKERS- COOKERS AND SPOONS ARE USED TO DISSOLVE (COOK UP) POWDERED AND SOLID DRUGS FOR INJECTION. PARTICIPANTS SHOULD BE EDUCATED THAT COOKERS CAN TRANSMIT DISEASE AND INFECTION FROM PERSON TO PERSON, SO THESE SHOULD NEVER BE SHARED.



TOURNIQUETS

TOURNIQUETS- PWID USUALLY NEED SOMETHING TO "TIE OFF " WITH THAT WILL RESTRICT BLOOD FLOW AND CAUSE THE VEINS TO BULGE OUT, MAKING THEM MORE ACCESSIBLE FOR INJECTION. TIES CAN ALSO TRANSMIT INFECTIONS AND SHOULD NOT BE SHARED.



WATERS

WATERS- WATER IS USED TO DISSOLVE (COOK) DRUGS IN. SHARING CONTAMINATED WATER CAN TRANSMIT VIRUSES AND BACTERIA. MAKE SURE EVERYONE HAS THEIR OWN. USING WATER FROM A STAGNANT (NONMOVING) SOURCE LIKE A PUDDLE OR OLD TIRE CAN CAUSE SERIOUS INFECTIONS



ALCOHOL

ALCOHOL PADS ARE IMPORTANT FOR CLEANING AN INJECTION SITE TO PREVENT INFECTIONS. SANITIZING HANDS PRIOR TO PREPARING AND INJECTING DRUGS REDUCES RISK OF INFECTION.



CONDOMS

MALE AND FEMALE CONDOMS, ALONG WITH LUBRICANT, SHOULD BE MADE AVAILABLE TO PARTICIPANTS AT EACH SITE



WOUND CARE

WHILE VOLUNTEERS SHOULD BE DISSUADED FROM PROVIDING MEDICAL ADVICE TO PARTICIPANTS, IT IS HELPFUL TO BE ABLE TO PROVIDE BASIC WOUND CARE SUPPLIES SUCH AS BAND-AIDS, GAUZE, AND ANTIBIOTIC OINTMENT.



SYRINGES

Using a syringe only one time is ideal and what anyone who injects drugs should strive for. A new, sharp needle is more comfortable for use. Needles dull quickly and when used multiple times cause trauma to veins and surrounding tissue, resulting in larger puncture wounds and increased bleeding. Participants will be able to help determine the best length/gauge syringe for your program. Some programs only offer one type of syringe. Depending on funding, storage space, and the model of delivery, a program may choose to offer multiple sizes.



MISCELLANEOUS SUPPLIES- OTHER SUPPLIES YOUR PROGRAM MAY WANT TO CONSIDER ARE SMALL ELASTICS TO HOLD TOGETHER ROLLED TOURNIQUETS, CLEAR PLASTIC BAGGIES TO HOLD COTTONS, SANDWICH BAGS TO HOLD KITS, LARGE PLASTIC BAGS TO PACKAGE SUPPLY KITS AND SYRINGES FOR PARTICIPANTS, IM SYRINGES AND AMBERS BAGS IF YOUR PROGRAM IS GOING TO SUPPLY IM NALOXONE, HAND SANITIZER, PERSONAL CARE PRODUCTS

CALCULATING SUPPLIES

for an SSP

It may be difficult to estimate the amount of supplies needed for the first year of a new SSP due to many unknown factors. These factors may include the time needed to establish the program, the availability of volunteers, the number of sites and the location of sites, how well a new program is advertised among participants, and the time of year that a new program is established (outdoor sites may see a decline in numbers during colder NH months). The World Health Organization has established some general guidelines on calculating syringes needed for the first year of operating an SSP.

To arrive at a figure, the results of a rapid assessment and response survey (RAR) can be used to estimate the target number of PWID to be reached on a regular basis (at least monthly) by the 12th month of the project: a useful rule-of-thumb is that 10% should be reached in this way by this time. This means that, in a city with 10,000 injecting drug users, the SSP should be accessed by at least 1,000 on a regular basis by the end of its first year. If the SSP is to be effective in changing behaviors, each of these regular clients should be receiving at least three needles and syringes per week (or an average of 3,000 needles and syringes per week). The estimation process for an SSP in the above situation would therefore look something like:

- Months 1-3 (set-up phase): 0 per week: 0
- Months 4-6 (initiation phase): 500 per week average x 13 weeks: 6,500
- Months 7-9: 1,500 per week average x 13 weeks: 19,500
- Months 10-12: 2,500 per week on average x 13 weeks¹ : 32,500
- Annual estimate (first year): 58,500

These calculations, though based on the experience of setting up SSPs in many countries, are not applicable for every situation. For example, in districts with fewer than 1,000 PWID, some programs have been able to gain access to 40% or more of PWID by month 12. Also, the figure of three needles and syringes per regular client per week is not optimal. Many guides and government strategies on needle and syringe provision state that the target is to provide every PWID with a sterile syringe for every injection. This is to be applauded, but even the largest SSP systems in the world have not yet been able to attain this goal. Also keep in mind that this calculation process is only for the first year. (https://www.who.int/hiv/idu/Guide_to_Starting_and_Managing_NSP.pdf page 11)

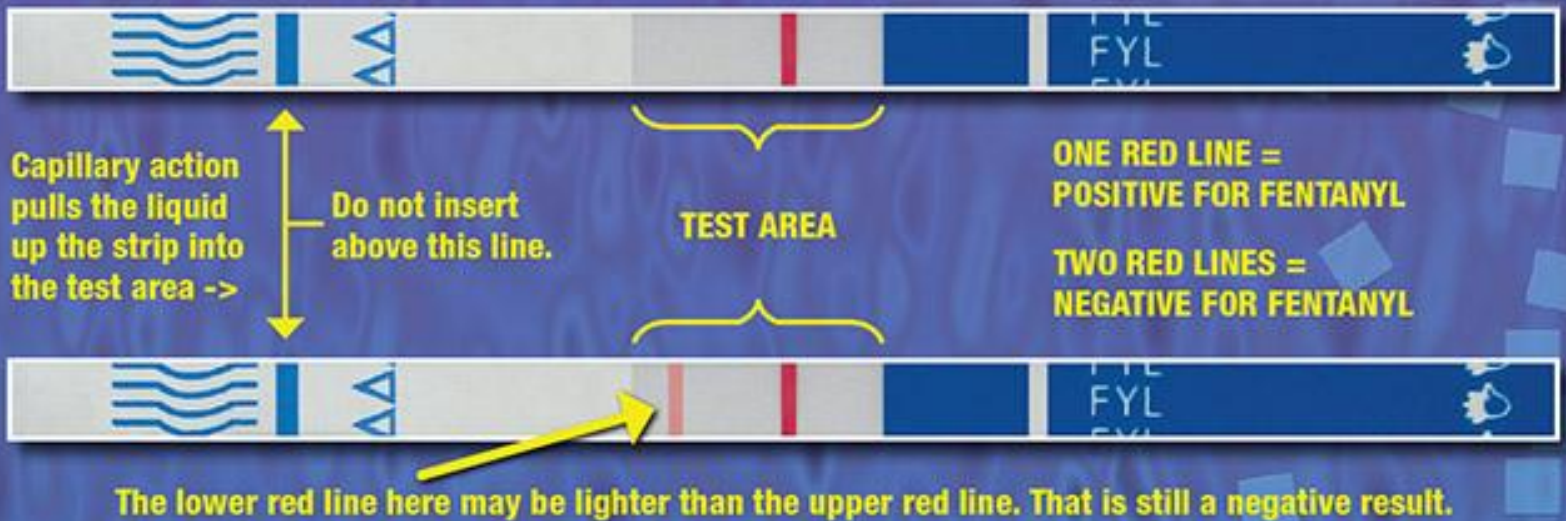
OVERDOSE PREVENTION



A key component of a comprehensive SSP is overdose prevention and naloxone distribution. Naloxone (commonly referred to by the brand name Narcan) is an opioid antagonist that rapidly reverses an opioid overdose. It is available in both intranasal and intramuscular forms. Some participants prefer the nasal form, while others may request the injectable form. SSPs in NH are currently able to access intranasal naloxone through the Doorways at no cost to the program. SSPs are also able to access low-cost intramuscular naloxone directly through Pfizer, after completing a brief application.

When considering which form of naloxone your program will offer to participants, be aware that the use of injectable naloxone requires more extensive training for both volunteers and participants. Programs of NHHRC use vials of water and IM syringes to demonstrate the correct use of injectable naloxone when distributing to participants. There is also an added cost of IM syringes and light-blocking baggies (IM naloxone is light sensitive) if you choose to distribute injectable naloxone.

OVERDOSE PREVENTION



Another option for SSPs is to purchase fentanyl test strips to provide to participants. This can be useful if you have participants coming to your SSP that inject drugs other than heroin/opioids. It is important to educate participants who do not identify as opiate users (those who inject methamphetamine, cocaine, etc.) to test their supply. Many of these individuals may decline carrying naloxone if they do not believe that they are at risk of an opioid overdose. Due to the cost of these test strips (which can be purchased through NASEN), it may be cost prohibitive to your program to supply these to participants who already identify that they are using heroin, which is likely to be cut with fentanyl. Fentanyl test strips do not indicate the amount of fentanyl in a drug supply, only the presence of fentanyl.

Key points of overdose prevention for participants: Always do a tester shot. The supply you had this week may be different than the supply you had last week. If you haven't used in a while, start small and go slow. Participants coming out of a treatment program or who have just been released from jail are at a higher risk of overdose than their peers. Always carry naloxone. If someone you are with overdoses, stay with them for at least 2 hours. If someone overdoses, it is best to call 911.

Never use alone.

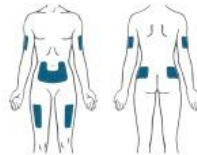
INJECTABLE NALOXONE

Things to do in **RECOGNIZING**
and **RESPONDING**
to an
OPIATE/HEROIN
OVERDOSE
using
NALOXONE



EVALUATE

Are they any better? Can you get Naloxone and administer it quickly so they don't go too long without your breathing assistance?



MUSCULAR INJECTION

Inject 1cc of Naloxone into a muscle.



STIMULATION

Can they be awakened? Try a sternal rub (run knuckles on chest bone).



CALL FOR HELP

Call for help if the person is not responsive.

EVALUATE+SUPPORT

Is the person breathing on their own? Is another dose of Naloxone needed? Naloxone wears off in 30-90 minutes. Seek help and encourage them not to use any other drug. Put the person on their left side to reduce the risk of choking.



AIRWAY

Check for breathing and make sure nothing is inside the person's mouth.



RESCUE BREATHING

Breathe air for them. Two breaths initially, then one breath every five seconds.

Why use Naloxone for an **OPIATE/HEROIN OVERDOSE?**

Naloxone is a medication designed to rapidly reverse opioid overdose. It can very quickly restore normal respiration to a person whose breathing has slowed or stopped as a result of overdosing with heroin or prescription opioid pain medications.

Contact Hand Up

info@nhhrc.org
603-200-4002

HAND UP
HEALTH SERVICES

NHHRC
NH Harm Reduction Coalition

NASAL NALOXONE

Things to do in **RECOGNIZING**
and **RESPONDING**
to an
OPIATE/HEROIN
OVERDOSE
using
NALOXONE



EVALUATE

Are they any better? Can you get Naloxone and administer it quickly so they don't go too long without your breathing assistance?



ADMINISTER NALOXONE

Unpackage and put nozzle into one nostril. Press bottom piece up until all liquid is sprayed.



STIMULATION

Can they be awakened? Try a sternal rub (run knuckles on chest bone).



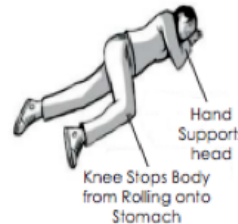
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Call for help if the person is not responsive.

EVALUATE+SUPPORT

Is the person breathing on their own? Is another dose of Naloxone needed? Naloxone wears off in 30-90 minutes. Seek help and encourage them not to use any other drug. Put the person on their left side to reduce the risk of choking.

Move the person on their side (recovery position).



AIRWAY

Check for breathing and make sure nothing is inside the person's mouth.



RESCUE BREATHING

Breathe air for them. Two breaths initially, then one breath every five seconds.

Why use Naloxone for an OPIATE/HEROIN OVERDOSE?

Naloxone is a medication designed to rapidly reverse opioid overdose. It can very quickly restore normal respiration to a person whose breathing has slowed or stopped as a result of overdosing with heroin or prescription opioid pain medications.

Contact Hand Up
(207) 370-7187
handupoutreach@nhhrc.org



ORDERING



The NASEN Buyers Club is a purchasing network that uses co-operative buying power to acquire the lowest harm reduction supply prices for SSPs. injection supplies, syringes, sharps containers, and more.

Total Access Group

Your Key to Prevention!

Total Access Group, Inc specializes in serving agencies that focus on a harm reduction response to drug use. They carry injection supplies, condoms, hygiene products, sharps containers, wound care supplies, and more.



The New Hampshire HIV Planning Group works to promote and develop strategies that enhance seamless access to coordinated and collaborative services for residents of New Hampshire. HPG provides condoms to SSPs in NH at no cost.

SYRINGE DISPOSAL



In addition to purchasing syringes and injection supplies, programs should provide safe disposal containers to participants. Providing participants with sharps containers decreases the incidence of accidental needle injury, and promotes the return of used syringes to the SSP.

There are a variety of disposal containers available. Participants may be encouraged to empty their container at the exchange site, and reuse the container for future disposal. NHHRC programs have found that it is most beneficial to the program and the participant to provide a container that will safely store the number of syringes being distributed to a participant.

One consideration in the planning of a new SSP is how will used syringes be disposed of? Area hospitals may be a resource, but should be contacted in the preliminary planning stages of an SSP to negotiate an agreement. NHHRC programs are contracted with a regulated medical waste company, and syringes are picked up on a monthly basis for safe disposal. When requesting a quote from a regulated medical waste company, it is important to consider that initial cost of waste disposal may be minimal, but will grow exponentially over time as more syringes are distributed. For example, in one NH program there was a 16% return rate in the first 6 months of exchanges. In the 6 months following, the return rate increased to nearly 60%.

SYRINGE DISPOSAL

SAFER DISPOSAL FOR PARTICIPANTS

- Bring syringes back to the SSP!
- Some health departments, fire departments, hospitals, and transfer stations provide safe places to dispose of syringes.
- If a sharps container is unavailable, syringes can be stored in a hard plastic container (such as a Gatorade bottle). Soft plastic containers (laundry detergent bottles, milk jugs, water bottles) are not recommended. Syringes can puncture these plastics.
- Do not break off the tips.



SAFER DISPOSAL/SYRINGE SAFETY FOR VOLUNTEERS

Participants empty their sharps into a 2 gallon sharps measuring bucket. Volunteers gauge how many are being returned and the participant empties the bucket into a larger disposal bucket at the outreach site. Volunteers should not transfer participant syringes into the disposal containers and should never come in contact with syringes. In the event that a syringe is found outside of a disposal container, a volunteer should use a reacher-grabber device to carefully place the syringe in the large disposal container.

While we ask that participants only discard syringes in their sharps containers, participants will occasionally have a cooker or tourniquet in their bucket. Do not ask participants to remove trash from a container of used syringes

Volunteers should always wear closed-toe shoes to outreach sites. It is important to give participants space when they are opening and emptying their sharps container.

RESOURCE DEVELOPMENT

NHHRC OFFERS SEVERAL RESOURCES THROUGH THEIR WEBSITE, INCLUDING A HANDOUT FOR PARTICIPANTS WITH SAFER INJECTION TIPS, AND A SKIN CARE GUIDE. THE NATIONAL HARM REDUCTION COALITION ALSO OFFERS HANDOUTS FOR PARTICIPANTS.

SHOOTING UP & NOT F*ING IT UP

A SKIN CARE GUIDE FOR
PEOPLE WHO INJECT DRUGS

developed by nursing
students at the
University of New
Hampshire




<p>THINGS THAT PROBABLY WON'T KILL YOU</p> <ul style="list-style-type: none"> • A little redness • A bit swollen • Itchiness • Open skin • Red skin • Warmth 	<p>MINOR SKIN ISSUES</p>  <p>scrapes</p>  <p>rashes</p>  <p>small sores</p>	<p>CARING FOR MINOR SH*T</p> <ul style="list-style-type: none"> • Wash with soap & water • Apply a warm & wet face cloth every 2 hours • Rest & use pillows to elevate arm/leg • If skin is not open, apply oatmeal or baking soda mixed with water, reapply every 4 hours
<p>NOPE.</p> <ul style="list-style-type: none"> • Try not to scratch • Avoid antibiotics that haven't been prescribed (only certain antibiotics are helpful for skin infections) • Avoid cutting or opening your own wound (often makes infection worse) • Avoid injecting in the same arm or leg as skin issue 	<p>GET YOUR A** TO A HOSPITAL <i>(Or a clinic, or physician, or any damn medical place)</i></p> <ul style="list-style-type: none"> • Fever • Grey/blue/pale skin of hands/feet • Numbness/tingling • If affected area gets bigger/spreads • If you can see bone/muscle 	<p>ULCER May start as a small open sore or wound that doesn't heal or gets bigger</p>  <p>CELLULITIS Area of redness, swelling, warmth & pain that starts out small & spreads</p> 
<p>ABSCESS Swollen & painful area of the skin that is filled with pus</p> 	<p>NECROTIZING FASCIITIS "Flesh-eating disease", destroys tissue & appears blackened. GET EMERGENCY HELP.</p> 	<p>FIND MORE INJECTION SAFETY TIPS @ NHHRC.ORG</p>  <p style="font-size: x-small;">NH Harm Reduction Coalition</p>



Health Services
*A Syringe Services program of the
 NH Harm Reduction Coalition*

Call/text (207) 370-7187



Use sterile injecting supplies

You can prevent harm to yourself + others by using injection supplies once, never sharing them, and disposing of them properly afterward. Call HAND-UP for sterile injecting materials, disposal containers, and collection of used materials.



Take Care of your veins

Use arms when possible. Start low + work your way up vein in direction of heart. Switch up veins each day. Avoid arteries (wrist, neck, groin) and feet. Make sure you can see the hole in needle as you inject.



Take your time

Fear causes mistakes. Mistakes can be deadly. Take control by taking your time. Use a tiny tester amount first. You can always put more in, but you can't squeeze it out.



Carry Naloxone (Narcan)

You can save a life. Naloxone (brand name Narcan) is legal and safe to have and use for a suspected opioid overdose. Make sure others know how to use it. Call HAND-UP for free naloxone or visit nhhrc.org/naloxone.



Don't Use Alone

Nobody can help you if they don't know you're there.



Seek Care + Challenge Yourself

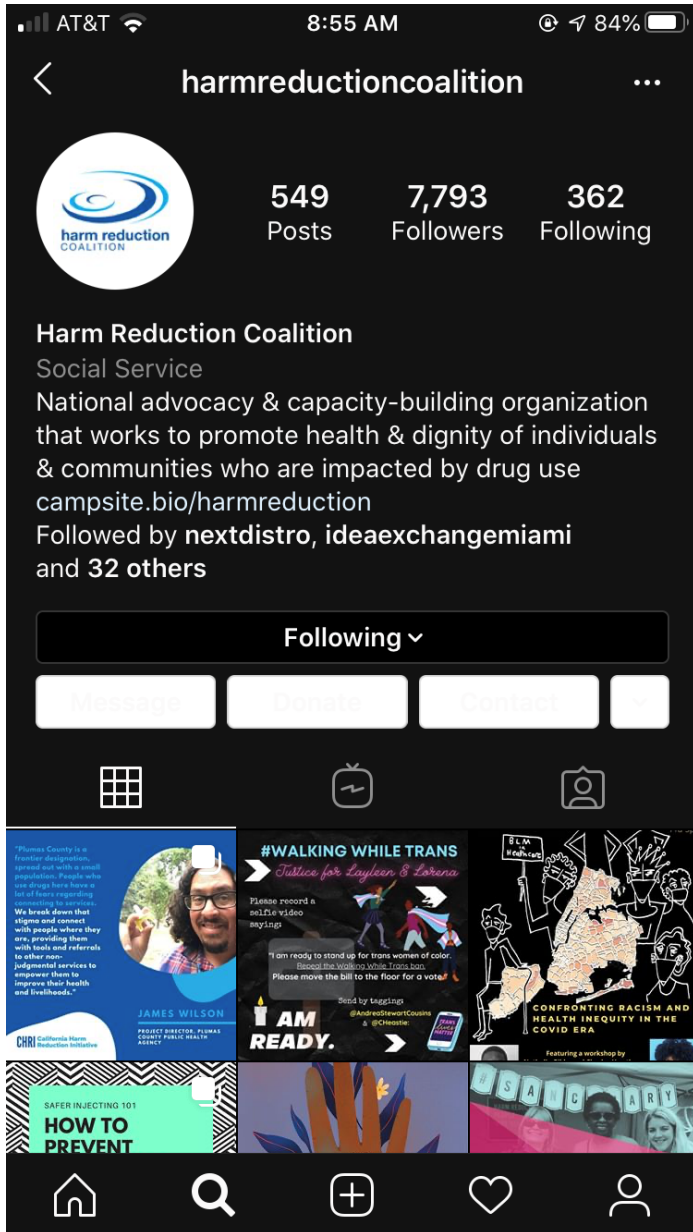
If you're hurt, vulnerable, or want to make a change, speak up for yourself. You deserve safety, health, happiness.

NH Addiction Hotline	1-844-711-4357
Free treatment referral	
Families First Mobile Health	603-422-8208
Free health services van &	(extension 1)
Hep-C/HIV testing	
HAVEN	603-994-7233
Domestic/sexual violence	
SOS Recovery Community Org	603-841-2350
Free Recovery Coaching	
Multiple pathways meetings	
Community Action Partnership	603-435-2500
Homelessness services	
Goodwin Community Health	603-749-2346
Sliding scale primary	603-841-2348
care/dental	

SSPS SHOULD PROVIDE A LIST OF LOCAL RESOURCES TO THEIR PARTICIPANTS. ASKING WHAT INFORMATION WOULD BE HELPFUL TO THEM IS THE BEST WAY TO DEVELOP THESE RESOURCES. THIS CAN INCLUDE INFORMATION FOR THE FOLLOWING:

- SHELTERS
- SOUP KITCHENS/FOOD PANTRIES
- COMMUNITY HEALTH CENTERS
- FREE/LOW COST DENTAL SERVICES
- RECOVERY CENTERS
- NA/AA MEETING LISTS
- FREE/LOW COST
- CLOTHING/HOUSEHOLD GOODS
- PUBLIC HOUSING PROGRAMS
- DOMESTIC VIOLENCE RESOURCES
- MAT PROGRAMS

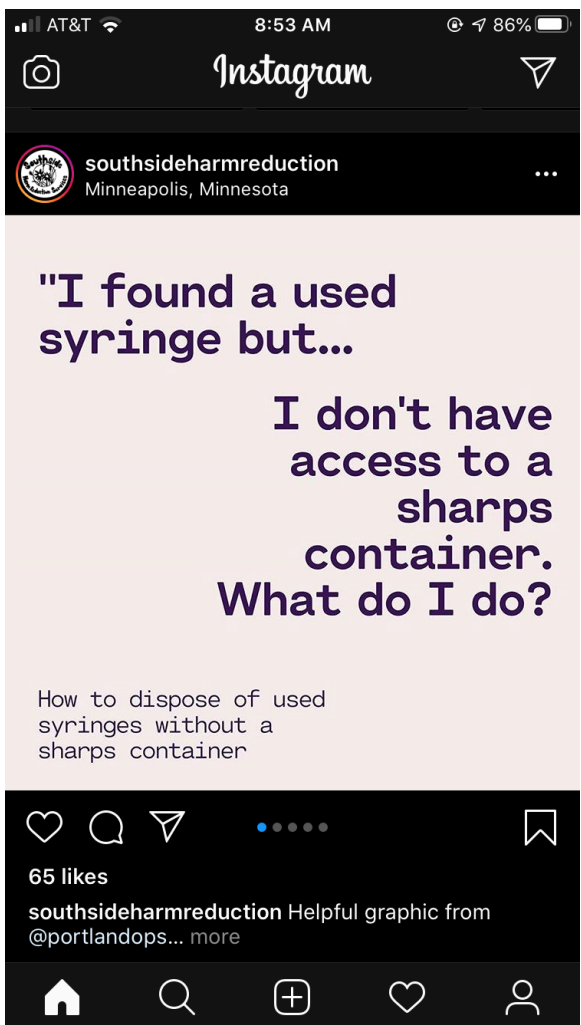
SOCIAL MEDIA



THE VALUE OF SOCIAL MEDIA

Social Media is one of the best platforms to reach members of your community. Social Media can be used to raise awareness, educate on harm reduction, and increase community engagement. For a new SSP, it can also be used as a tool for recruiting volunteers and raising funds. Social Media is also a great way to reach participants directly to inform them of outreach locations, and provide links to other services in your community.

SOCIAL MEDIA



When designing social media pages on Twitter, Facebook, Instagram, or other platforms, first determine your desired audience.

- What is their age?
- What is their income level?
- What social media platforms do they use?
- What is the best way to contact them?
- Are you looking to attract volunteers, donors, or participants?

Topics for Social Media Posts

- SSP Updates (schedule changes, site locations)
- Upcoming trainings and events
- Original harm reduction info-graphs and memes
- Fundraising campaigns
- Local overdose information
- Links to other local services (shelters, soup kitchens, health care)

Next Steps

Do you have questions about starting an SSP or need additional resources? The New Hampshire Harm Reduction Coalition can help!

Reach out via email at info@nhhrc.org. NHHRC can assist with fundraising, program development, training, and provide technical assistance to developing programs in the state.

