



# Expanding Harm Reduction & Syringe Exchange Service Programming Capacity in Oregon

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A Planning & Resource Manual

**DRAFT**

# Oregon Health Authority

Helping people and communities achieve optimum physical, mental and social well-being through partnerships, prevention and access to quality, affordable health care.

**A HEALTHY OREGON**

# Acknowledgements

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## Local community experts

- Oregon's HIV Alliance and Outside In non-profit organizations

## County health authorities and OHA divisions/programs staff

- 2017 Oregon Syringe Service Program (SSP) Guidance Authors
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- OR Public Health Systems Division

## The authoritative resources of the:

- Addiction Technology Transfer Center (ATTC)
- American Public Health Association (APHA)
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- AIDS United
- The National Harm Reduction Coalition (NHRC)
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- California Department of Public Health
- Center for Disease Control and Prevention (CDC)
- Chicago Recovery Alliance
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- 
- Lower East Side Harm Reduction Center
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  - The Harm Reduction Research and Treatment Center (HaRRT)

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- Utah Department of Health
- Washington Department of Health
- World Health Organization (WHO)

**...and the many, many regional, national, and international harm reduction organizations and researchers who help to protect the health of people who use drugs.**

# LETTER FROM OHA

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Greetings,

Oregon has experienced an increase in non-medical use of opioids, heroin and methamphetamine. As a result, serious health issues related to substance use are on the rise across the state. More people in Oregon are experiencing substance use disorders, overdose and infections related to drug use.

In response, the Oregon Health Authority (OHA) has worked with community, health and policy partners to strengthen the continuum of care for substance use disorders. We at OHA recognize that harm reduction and syringe service program (SSP) interventions are part of that continuum.

These interventions provide practical support to decrease negative consequences of drug use. They also celebrate any positive change. Harm reduction and SSPs can also be a bridge to other support

services, care and recovery. They are trusted sources of information and support for people who use drugs. Furthermore, they link grass roots, community-based programming with public health systems. As such, they are also important parts of the public health response to outbreaks of overdose and infectious diseases.

OHA is supportive of the development of local harm reduction and SSP programs. To that end we are pleased to share this harm reduction and syringe service planning manual and online resource library with you. The development of this tool was a community process. Urban and rural syringe service programs across Oregon provided valuable input.

The manual intends to make starting a harm reduction or syringe service program less daunting. We encourage you to delve into the guide. It is a

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self-directed, interactive tool to aid your program planning efforts. It offers step-by-step planning guidance and links to expert resources. Resources are available in our searchable database to save you time.

We welcome your thoughts and feedback to keep the manual a living document that meets your needs. Thank you for the work you do to support opportunities for every individual in Oregon to lead a long, healthy and meaningful life.



Collette Young, PhD  
Administrator, Center for Public Health Practice  
April 15, 2019

This manual is a tool for people interested in starting and supporting harm reduction/syringe service programs (SSPs).

**It is designed to help readers navigate the mountains of already available information written on SSPs.**

### **NOTE TO THE READER:**

Two years ago, the Oregon Health Authority (OHA) published the *2017 Oregon Syringe Service Program (SSP) Guidance*. The Guidance is an overview of harm reduction and syringe service programs (SSPs). It offers a readiness assessment for new projects and directs readers to the OHA for technical assistance (TA).

We wrote this manual in response to the many TA requests we received from Guidance readers. This manual's audience includes anyone interested in the health of people who use drugs (PWUD).

Harm reduction practices and SSPs have been used since the mid-1980s. Thus, we have mountains of information harm reduction and SSPs available to us on the Web.

This manual's goal is to help you sift through that information. You can use this manual whether you want to find information on a topic, build capacity of an existing SSP, or start a new project.

### **Working from an Interactive PDF Copy**

The manual is a self-directed navigation tool that uses hyperlinked text to help you navigate the document and accompanying resources.

Hyperlinked text is indicated when your cursor changes to a pointing hand. Within paragraphs, hyperlinked text appears in **blue font** to make it recognizable. Other hyperlinked texts found in headers and bulleted and numbered lists will not appear as a different color.

## Working from a Print Copy

If you are working from a print copy, you will have to use the table of contents and appendices to navigate the manual and accompanying resources. The OHA Harm Reduction Resource Library Directory is found in Appendix 4. You can access the OHA Harm Reduction Resource Library at [www.healthoregon.org/harmreduction](http://www.healthoregon.org/harmreduction).

## The OHA Harm Reduction Resource Library

The Library is a collection of expert resources for your use. It contains the names, descriptions, and Web links for comprehensive guidances, fact sheets, forms, tools, and other documents written by experts from around the world. OHA has gathered them here in a searchable database to facilitate your program planning efforts.

We invite you to use this manual in the way that best serves your needs. We also invite your feedback. It will help ensure all our efforts achieve the greatest impact on the health of people who use drugs.

Thank you for being a part of this journey to greater health for our state and for people who are living with substance use, a chronic relapsing medical condition.

## A Note on Language and Stigma

Society views people with substance use disorders negatively; more so than they view people with other physical or psychiatric disabilities. The impact is stigmatizing for people who use drugs, their families, and communities. In response, advocates and professionals have adopted person-first language to mitigate this stigma by distinguishing the person from his/her diagnosis or perceived membership in a group.

**The language we use with SSP participants and colleagues is important.**

**It can increase or decrease substance use disorder stigma and affect whether people with substance use disorder seek support.**

Please take time to read *Words Matter: How Language Choice Can Reduce Stigma* document for more on this subject.

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# **NAVIGATING THIS MANUAL**

## WHAT'S YOUR GOAL?

This manual brings together many resources on harm reduction and syringe service programs to support your goals and expedite your work. The manual and the associated online resource library are a collection of available best practices and tools developed by expert sources.

Readers can navigate this manual to:

- Research information on harm reduction and SSPs
- Build capacity of an existing SSP
- Plan and implement a new SSP

Using hyperlink text, you can jump from section to section, topic to topic as you develop your plans or do your research.

### GETTING STARTED

Get started by selecting how you want to use this manual from the list of choices in the box to the left. Clicking on your choice will jump you to a set of navigation steps that will guide you through the manual's content. Within that content, you can link to resources found in the OHA Harm Reduction Resource Library.

### I WANT TO USE THIS MANUAL:

- As a reference
- To build capacity of an existing SSP
- To plan a new SSP

# CAPTURING & FACILITATING YOUR WORK

We created a set of tools and template documents to help you capture your planning work as you follow the manual steps.

**Appendix 2** offers a set of planning tools and templates. They include:

- A Capacity Building Assessment Tool
- Planning and Implementing a New SSP
- Funding Plan and Tracker
- SMART Objectives Worksheet
- Logic Model Worksheet
- Workplan Templates
- Program Operations Templates

**Appendix 3** provides sample documents that supports the development of planning and operations documents, such as logic models, procedural protocols, job descriptions, budgets, and more - that you can modify and make your own.

**The Resource Library** provides access to the wide range of resources on harm reduction and syringe service programs available on the Internet, in addition to the materials listed in Appendices 2 and 3. Search suggested key words found throughout the manual to find additional information and resources to help you achieve your goals.

## USE THIS MANUAL AS A REFERENCE

**The following are informational resources found within this manual.**

1. The Table of Contents
2. The Resource Library Directory
3. The Abbreviations Appendix
4. The Glossary Appendix
5. The document “find” function - (click on the tool bar ‘magnifying glass’)

# USE THIS MANUAL TO BUILD CAPACITY OF AN EXISTING SSP

## I KNOW WHAT MY SSP NEEDS

Some of you using this manual may already know what your capacity building needs are. You may be looking to change or expand your library of participant handouts, update your staff training, or add needed services.

In this case, you can go to the relevant Key Content section/s or search the OHA Harm Reduction Resource Library for what you need.

## I WANT TO ASSESS OUR SSP'S NEEDS

Alternately, you may want to complete a formal assessment to identify your capacity building needs. An assessment can also help you set action priorities.

If this is the case, click here to access a [capacity building needs assessment tool](#) found in Appendix 2.

## COMMON CAPACITY BUILDING ACTIVITIES

Here is a list of common capacity building activities. Click on an activity below to link to more information in this manual, or search by topic in the [OHA Harm Reduction Resource Library](#).

- Update policies and procedures for staff security and safety
- Update data collection and documentation procedures and forms
- Update stock management procedures and forms
- Address problems with syringe disposal sites
- Address challenges related to participant encounters
- Create/update quality assurance procedures and forms
- Create/update a communication plan
- Create/update public fact sheets
- Create/update participant handouts
- Create/update SSP site signage
- Provide staff (paid and volunteer) training
- Change and/or expand the service model

# USE THIS MANUAL TO PLAN A NEW SSP

## The following are 3 key steps to creating and implementing a new SSP.

Each step provides links to additional information found in this manual. You can also search by topic in the [OHA Harm Reduction Resource Library](#).

### 1- LAY THE GROUNDWORK

Solid groundwork is the foundation to your project's success.

- Establish an advisory committee to ensure support from stakeholder groups.
- Assess community need for an SSP. This includes facts about the local drug use epidemic and current modes of syringe access.
- Assess community readiness for an SSP. Readiness includes legal status of SSPs and stakeholder knowledge of and attitudes toward SSPs.
- Build relationships with community stakeholders to ensure project support. Identify concerns, debunk myths, and create an effective stakeholder communication strategy. Find champions and partners.
- Establish a working relationship with law enforcement. Identify concerns, resolve differences and build on shared priorities.
- Identify potential funding sources and create a funding strategy.

We encourage you to use the [OHA SSP Implementation Planning Tool](#) and [SSP Work Plan](#) to help you capture your research and create a detailed plan. Both are found in Appendix 2.

## 2- WRITE OBJECTIVES/CREATE A LOGIC MODEL

With your groundwork completed, you can write your project objectives and create a logic model.

Objectives should be SMART

- Specific
- Measurable
- Appropriate
- Realistic
- Time-based

A logic model is a visual diagram that illustrates how your program will work. It is used in program planning, implementation, evaluation, and communication. Funders like logic models because they show how investments and activities connect to your program goals and objectives.

[See Section 4 for more information on writing SMART objectives and creating a logic model.](#)

## 3- COMPLETE PRE-IMPLEMENTATION WORK

Use your SMART objectives and logic model to guide your pre-implementation decisions. Here is a list of pre-implementation tasks.

- Select a harm reduction/syringe exchange model
- Decide on a site model
- Determine the services to be offered and hours of operation
- Define participant encounters
- Write a standard policies and procedures
- Write protocols for project activities
- Plan quality assurance processes, including monitoring and data collection methods
- Determine your staffing structure
- Write job descriptions
- Plan staff and volunteer training
- Determine materials inventory, including informational materials for participants and the public

[For more information, search these topics in the OHA HR Resource Library.](#)

# **KEY CONTENT**

# SECTION 1: SSP FOUNDATIONS

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## PRINCIPLES AND PRACTICES

Models, locations, and services of harm reduction and SSPs vary widely depending on community need and readiness.

Yet, at their core, they share the following vision, principles, and practices:

- Reduce the harms of drug use
- Treat people with dignity and respect
- Create a nonjudgmental and safe environment for participants
- Meet people where they are
- Encourage people to set their own goals
- Involve people who use drugs in program activities, direction, and evaluation

All staff and volunteers should understand and model these principles and practices. Your project's policies and procedures should make them operational.

Section 5 includes more information on developing standard principles and practices for your project.

**These principles and practices are the touchstones of your work.**

They should guide your design and implementation.

# SECTION 1: SSP FOUNDATIONS

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Together, these theories and strategies are the operational underpinnings of SSP services.

**They are the backbone of your program.**

# SECTION 1: SSP FOUNDATIONS

## THEORIES AND STRATEGIES

There are 5 primary theories and strategies that inform the principles and practices of SSPs.

1. Harm Reduction Philosophy
2. The Transtheoretical Model (TTM/Stages of Behavior Change)
3. Motivational Interviewing/Counseling
4. Trauma-Informed Care
5. People-First Language Principle

Each recognizes the humanity and lived experiences of people who use drugs to foster their engagement in services. Together they are intersectional and complementary to each other. Your leadership, staff, and community partners should be familiar with each of them.

## DESCRIPTIONS OF THEORIES & STRATEGIES

**Harm reduction** is a set of strategies and ideas that prioritizes reducing negative consequences of drug use over recovery. It is also a social justice movement that advocates for the rights of PWUD.

**The Transtheoretical Model/TTM** (Stages of Change) describes the processes and tasks of intentional behavior change. It assesses the participant's ability and desire to change behaviors that may be harmful to their health.

**Motivational Interviewing** is a directive, client-centered addictions counseling style for eliciting behavior change. Counseling sessions explore and resolve ambivalence between client health goals and behaviors.

**Trauma-Informed Care/TIC** is an approach to delivery of care that seeks not to trigger and further traumatize the participant. Many PWUD have experienced past and recent trauma.

**People-First Language** is a strategy to reduce the stigma and social marginalization that people who use drugs experience.

Search 'SSP Foundations' in the OHA Harm Reduction (HR) Resource Library for more information.

## SECTION 2: LEGAL OVERVIEW

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### **Your challenge:**

- Assuring law enforcement your program intends to be a good neighbor, while assuring clients they will be free from police harassment when accessing your services.

**Knowing your legal environment  
will help meet this challenge.**

# SECTION 2: LEGAL OVERVIEW

## **Knowing what the law allows and doesn't allow is critical to your SSP's success.**

Neither federal law, nor Oregon law precludes SSP implementation. Oregon syringe service programs operate legally because Oregon's paraphernalia law excludes hypodermic syringes and needles. Oregon law also allows for the unrestricted sale of syringes by pharmacies.

Oregon has 4 categories of SSP relevant drug laws:

- Drug possession laws
- Drug use laws
- Drug paraphernalia laws
- Emergency medical assistance law

Search 'Oregon Law' OHA HR Resource Library for more information.

## **It is important to know how other drug laws might discourage participation in your SSP.**

For example, possession for personal use is a misdemeanor charge in Oregon. However, this is not the case if a person has a prior felony conviction, two or more prior drug convictions, or is in

possession of more than personal use amounts. Then the charge is a class B felony.

## **Distinguishing between the written law and community law enforcement practices is critical.**

There may be times when law enforcement will make arrests, despite protections under the criminal or public health code. Competing legal objectives or the local legal environment could create very real consequences for people who use drugs. This, in turn, could undermine the success of your program.

## **Working in partnership with local law enforcement is important.**

Positive relationships can lead to improved health outcomes for people who use drugs and public health outcomes for our communities.

See Section 3 of this manual for more information on working with law enforcement.

## SECTION 3: BUILDING COMMUNITY SUPPORT

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**SSPs operate best in a supportive environment.**

Community stakeholder support for your program  
is integral to your success.

# SECTION 3: BUILDING COMMUNITY SUPPORT

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## COMMUNITY STAKEHOLDER SUPPORT

Support for your project develops out of your relationships with community stakeholders. Here are 4 key steps to achieving community support.

### STEP 1:

Identify who your stakeholders are and which of them may be allies. Make sure you have allies in each stakeholder sector.

[See the Potential Stakeholders Table at the end of this section.](#)

### STEP 2:

Meet with stakeholder groups and leadership to understand their points of view. Assess their knowledge and attitudes toward SSPs and clarify misunderstandings. Explore their concerns and priorities. This can be an opportunity to discover potential areas of common ground.

### STEP 3:

Identify opportunities for collaboration. Invite key opinion leaders and experts to join your project's [advisory committee](#). Ask stakeholders to help build referral networks and take part in shared advocacy efforts.

### STEP 4:

Develop and use a [communication plan](#) that reflects stakeholders' concerns about and interests in what you are doing. Communicate early and often to avoid misinformation.

- [Click here to access the SSP Implementation Planning Tool in Appendix 2.](#)
- [Search 'Community Stakeholder Relationships' OHA HR Resource Library for more information.](#)

## SECTION 3: BUILDING COMMUNITY SUPPORT

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**A good working relationship with law enforcement**  
- from leadership to the streets –  
**stands out among your stakeholder partnerships.**

# SECTION 3: BUILDING COMMUNITY SUPPORT

## LAW ENFORCEMENT SUPPORT

Law enforcement is a significant stakeholder in your project. Your relationship with law enforcement can impact the support you have from the wider community.

A successful working relationship with law enforcement can assure other stakeholder groups of your intentions.

### Finding Common Ground

Like you, law enforcement professionals are very invested in how a community copes with the societal challenges that arise from public health problems such as substance use, mental health issues, HCV, and HIV. Yet your focus is different. Law enforcement has a public safety focus on these issues, while your focus is on PWUD health.

Therefore, a key step to building relationship is pointing to the fact that SSP services are not inconsistent with public safety goals.

## SSP Impact on Public Safety

- SSPs can improve public health and safety through disease prevention and referrals for substance use and mental health care
- SSP referrals for drug treatment can reduce crime rates
- SSPs have also reduced needle stick injuries for police and firefighters

Search 'talking points' OHA HR Resource Library for more information.

## SSP Leadership's Role with Law Enforcement

SSP leadership needs to:

- Be responsive to law enforcement concerns
- Address the legal concerns of SSP participants
- Negotiate strategies for implementation that serve public health and safety needs

# SECTION 3: BUILDING COMMUNITY SUPPORT

Use this table to help you create your program’s community stakeholders list.

POTENTIAL SSP COMMUNITY STAKEHOLDERS				
Governmental	Health & Social Services	General Public	People Who Inject Drugs	Media
<ul style="list-style-type: none"> <li>• Public Officials / Policy Makers</li> <li>• Law Enforcement</li> <li>• Public Health Dept.</li> <li>• Parks &amp; Recreation</li> <li>• Other Gov. Agencies</li> <li>• Tribal Leadership</li> </ul>	<ul style="list-style-type: none"> <li>• CBOs Working with PWUD</li> <li>• AIDS Service Orgs</li> <li>• HCV Advocacy Groups and Orgs</li> <li>• Addictions Treatment Services</li> <li>• Faith-Based Orgs</li> <li>• Community Health Centers &amp; Healthcare Providers (PCP, NP, PA, etc.)</li> <li>• Social Service Providers (SW, Case Managers, Peers, etc.)</li> <li>• Mental &amp; Behavioral Health Providers (LCSW, PhD, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Neighborhood Business Assoc.</li> <li>• People in Addiction Recovery</li> <li>• Family &amp; Friends of PWUD</li> </ul>	<ul style="list-style-type: none"> <li>• Men</li> <li>• Women</li> <li>• Young Adults (18 to 24 years of age)</li> <li>• Older Adults (&gt;50 years of age)</li> <li>• Transgender Persons</li> <li>• Peers</li> </ul>	<ul style="list-style-type: none"> <li>• Local Radio</li> <li>• Local Television</li> <li>• Local Print</li> <li>• Social Media</li> <li>• Other Print</li> </ul>

# SECTION 4: PROGRAM PLANNING

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## LAYING THE GROUNDWORK FOR YOUR PROGRAM PLAN

Solid groundwork is the foundation to your project's success. Groundwork activities will help to ensure your SSP will meet the needs of your consumers and the community.

The following are 5 essential steps for laying your groundwork. What you learn from these activities will guide your decision making as you implement your plan.

- STEP 1:** Establish an advisory committee
- STEP 2:** Assess community needs and readiness
- STEP 3:** Select program model, site, and services
- STEP 4:** Write objectives and create a logic model
- STEP 5:** Identify potential funding sources

Each step is explained in detail over the next pages.

[Click here to access the SSP Implementation Planning Tool in Appendix 2.](#)

**At this stage, it may be helpful to find a mentor from an existing SSP or someone in the health authority to advise you.**

# SECTION 4: PROGRAM PLANNING

## STEP 1: ESTABLISH AN ADVISORY COMMITTEE

The support and input of an advisory committee is important to your planning phase. They will assist you in everything from developing stakeholder support to program design.

The committee membership should represent your community stakeholders. Engage them at a level that builds a sense of community ownership for the SSP.

### Advisory committee roles include:

- Building community support
- Mitigating stakeholder opposition
- Supplying information and data
- Providing advice about program design
- Helping to develop referral networks

### Have operating guidelines for your committee.

The advisory committee operating guidelines should articulate your SSP goals and objectives. They should also list the roles, expectations, and activities of the committee members.

Committee guidelines will help you extend invitations to your member candidates.

- See Appendix 3 for template resources to help you develop your advisory committee.
- Search ‘advisory committee’ in the OHA HR Resource Library for more information.

## SECTION 4: PROGRAM PLANNING

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**Establishing your advisory committee  
is something to do earlier rather than later.**

You want their participation and support from the start.

# SECTION 4: PROGRAM PLANNING

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## **STEP 2: ASSESS COMMUNITY NEEDS & READINESS**

Your program plan depends on your community's needs and readiness for an SSP.

There are 4 primary sets of data you will need to collect to help you assess your community's needs and readiness for an SSP.

They are described in detail on the next page.

# SECTION 4: PROGRAM PLANNING

## A. Describe the geographic area you will serve

Your area description should include:

- The social and political structure of the targeted area (neighborhood, zip code, municipality, county, or other)
- The socioeconomic profile of the community
- The population demographics by race, ethnicity, age, gender, etc.
- The available and unavailable medical resources

## C. Assess Community & Stakeholder Readiness

Readiness measures community attitudes toward and knowledge of drug use, harm reduction, and SSPs. It also includes an assessment of the legal environment around drug use.

- [Click here to access community needs and readiness assessment tools in Appendix 2.](#)
- Search ‘assessing community needs & readiness’ in the OHA HR Resource Library for more information.

## B. Collect evidence of community need

Your community needs assessment includes statistical descriptions of:

- The local substance use epidemic
- Demographics of people who use drugs in your area
- Infectious disease trends in your area
- Current access to syringes, injection, and harm reduction supplies

## D. Identify Unique Consumer/Client Needs

Surveying and interviewing community health and social providers, and people who use or inject drugs will help you identify the unique needs, assets, and barriers of the people you want to help.

## SECTION 4: PROGRAM PLANNING

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**Your program model, site, and services should respond to your community's needs and readiness for an SSP.**

This can win their support and participation.

# SECTION 4: PROGRAM PLANNING

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## STEP 3: SELECT PROGRAM MODEL, SITE, AND SERVICES

With a clear assessment of your community's needs and readiness, you are ready to design your program. The program design includes your model, site, and services.

- **MODEL**  
Model used in the context of SSPs refers to the type of syringe exchange service you will provide.
- **SITE**  
Sites are sometimes call 'models' too. In this case, the 'site model' refers to the location and methods used to deliver services.
- **SERVICES**  
Services include the syringe exchange, but can more broadly include an array of health and social services offered to participants.

# SECTION 4: PROGRAM PLANNING

## SYRINGE EXCHANGE MODELS

Syringe exchange models vary. They may be ‘needs-based’ or ‘one-for-one’.

- In needs-based exchanges, participants receive as many syringes as they need without regard to the number returned. Needs-based exchanges are a recognized best practice.
- In one-for-one exchanges, participants receive one new syringe for every used one they return.

## SITE MODELS

Sites models cover a range of options. Each has strengths and limitations that you should consider against the findings of your needs and readiness assessments.

See the next page for a list of SSP site models.

## SSP SERVICES

Other services an SSP offers can support consumer engagement and health outcomes. See the next page for a list of SSP services.

Search ‘models, sites, & services’ in the OHA HR Resource Library for more information about how to make these decisions.

# SECTION 4: PROGRAM PLANNING

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## TYPES of SITE MODELS

- Fixed Site Model
- Hospital/Clinic Fixed Site Model
- Integrated Service for PWIDs Site Model
- Collaborative, Co-location, or Satellite Site Model
- Mobile/Street Based/Outreach Model
- Secondary/Peer-Delivery Model
- Delivery Model
- Pharmacy Distribution Model
- Pharmacy Voucher Model

## OTHER SSP SERVICES

- Overdose prevention
- Syringe collection and disposal
- Infectious disease screening/testing
- Infectious disease prevention education
- Wound care
- Linkages to mental health, behavioral health medication assisted treatment and substance use disorder treatment, and /or addiction treatment services
- Linkages to support services (e.g. food, shelter, economic resources)
- Drop-in Center services (e.g. food, showers, laundry, pet care)

Search 'models, sites, & services' in the OHA HR Resource Library for more information.

# SECTION 4: PROGRAM PLANNING

## A WORD ON KEY HARM REDUCTION AND SSP HEALTH SERVICE ACTIVITIES

### OVERDOSE PREVENTION

Overdose prevention activities may include naloxone distribution and/or the provision of fentanyl strips.

### SYRINGE COLLECTION AND DISPOSAL

Syringe collection and disposal is an area with lots of issues and community sensitivities. Work closely with your advisory board and the community to identify the variables of concern and to determine what best practice will work in your community.

### WOUND CARE

Injection site infections are common among people who use drugs. These infections can create serious wounds and even become life-threatening medical problems.

### INFECTIOUS DISEASE SCREENING AND PREVENTION

Infectious disease activities usually focus on HIV, HCV, and other sexually transmitted diseases. Some SSPs provide vaccination programs in collaboration with state, local, and tribal health authorities. Some programs offer evidence-based education interventions for SSP consumers. Many SSPs provide screening (testing) services.

### CLIA WAIVERS

If you plan to provide point of care testing for HIV, HCV, and/or other STDs you will need a certificate of waiver from the OHA. [Click here for more information.](#)

For more information, search these topics in the OHA HR Resource Library.

## **Harm reduction programs are an opportunity to address the holistic health needs of PWUD.**

Health service activities can expand your effectiveness and increase participant access to healthcare and social services.

# SECTION 4: PROGRAM PLANNING

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## STEP 4: WRITE OBJECTIVES & CREATE A LOGIC MODEL

Your project objectives and logic model are  
**the project blueprints**  
to building and implementing your program.

# SECTION 4: PROGRAM PLANNING

## Write Your Project Objectives

Project objectives are statements of what you plan to accomplish. All major project services and activities should have at least one written objective.

**SMART objectives** provide the metrics that enable you to judge your project's impact.

- **Specific:** Describe exactly what you will do
- **Measurable:** Describe how you will measure activities
- **Achievable:** Describe the tools and skills needed to attain the desired outcomes
- **Relevant:** Make sure the activity aligns with the project's overarching goal
- **Time-bound:** Set realistic deadlines for each aim

SMART objectives and logic models show the funder what their investment in your project will achieve.

- [Click here to access a SMART objective worksheet in Appendix 2 and a template in Appendix 3.](#)
- [Search 'SMART objectives' and 'logic models' in the OHA HR Resource Library for more information.](#)

## Create Your Project Logic Model

A logic model is a visual diagram that illustrates how your program will work. A logic model outlines and aligns your plan's resources (inputs), activities (outputs), and outcomes.

A logic model should guide you in your implementation and evaluation process.

### Logic models:

- Are short, often only one page
- Should be easy to read and explain the goals and practices of an organization
- Align project objectives, resources, activities, and outcomes to ensure successful implementation
- Take different forms (no two are identical)

# SECTION 4: PROGRAM PLANNING

## STEP 5: CREATE A BUDGET & IDENTIFY POTENTIAL FUNDING SOURCES

With your program design, objectives, and logic model in hand, you are now ready to identify funding opportunities and create a plan to support your SSP.

### DEVELOP A BUDGET AND FUNDING PLAN

The program budget for a harm reduction and SSP program is like any other program budget. It will include personnel costs, consultant costs, direct operating expenses, and if allowed by the funder, indirect costs. However, limited and siloed funding make SSP budgeting a challenge. Thus, SSP funding plans are often segmented, or ‘braided’, based on funder interests and priorities.

### GOVERNMENT FUNDING

What is allowable and prioritized by federal funding is described in the Consolidated Appropriations Act of 2016, Division H, Sec. 520. It gives states and local communities the opportunity to use federal funds to support certain components of SSPs.

Both the DHHS and the CDC provide guidance on allowable use of federal funds. State and local funding for SSPs varies by jurisdiction.

### PRIVATE FUNDING

Private foundation funding provides for a range of harm reduction and SSP activities. Keep a calendar of funding cycles and get on funder mailing lists to make sure you don’t miss any opportunities.

Many SSPs rely on private donations, fundraising, and crowdsourcing efforts to supplement limited public and private grant funding. Apply a creative approach. Work with your local champions, allies, and advocates to identify sources of support.

Funding your project can take time, so be prepared to maintain focus and persistence.

[See Appendix 2 for budgeting and funding tools.](#)

[For more information, search ‘budgets’ and ‘funding’ in the OHA HR Resource Library](#)

## SECTION 4: PROGRAM PLANNING

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**Because SSP funders have different priorities, SSPs often segment funding by services.**

Tailor your proposals to highlight and align the benefits of your program with the goals of your potential funder.

## SECTION 5: PROGRAM IMPLEMENTATION

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Harm reduction and SSP services will vary by project.

**However, all quality projects operate on clear program definitions, policies, and practices.**

# SECTION 5: PROGRAM IMPLEMENTATION

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## BUILDING YOUR OPERATION

Before launching your SSP, you will want to build a solid operational infrastructure. The following are the 4 cornerstone steps to doing this.

**STEP 1:** Define SSP participant encounters

**STEP 2:** Establish standard policies and procedures

**STEP 3:** Create quality assurance activities and processes

**STEP 4:** Determine staffing management and training plan

# SECTION 5: PROGRAM IMPLEMENTATION

## STEP 1: DEFINE SSP PARTICIPANT ENCOUNTERS

Each participant encounter has a set of tasks that should be known and followed by staff.

These tasks include activities such as

- Participant intake
- Syringe collection and provision
- Participant social needs assessment
- Participant health needs assessment
- Participant health education and more

To ensure consistency and quality, participant encounters should be clearly defined and documented

Your participant encounter protocols include:

- A definition of who is an SSP participant
- How to create a participant unique ID
- Activities at the first, second, and later encounters (e.g., client intake information, assessment, number of syringes exchanged)
- Participant rights and responsibilities
- Confidentiality policy
- Referral and follow-up processes
- Special population considerations (e.g., persons under 18 years, transgender clients, homeless)

- [Search ‘participant encounters’ in the OHA HR Resource Library for more information.](#)
- [Search ‘sample’ and ‘ implementation documents’ to help you develop your materials.](#)

## SECTION 5: PROGRAM IMPLEMENTATION

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Each time you engage with a program participant  
**is an opportunity to support harm reduction goals.**

# SECTION 5: PROGRAM IMPLEMENTATION

## STEP 2: ESTABLISH STANDARD POLICIES, PROCEDURES, & PROTOCOLS

Your SSP needs a manual of operating policies and procedures to:

- Ensure that your SSP complies with legal regulations governing program activities
- Provide all SSP staff with consistent guidance in how to assist participants and deliver quality services
- Prevent mistakes and provide for everyone's safety and security
- Achieve your goals

### NOTE

Policies and services for syringe disposal and collection (i.e. drop boxes) are an area with lots of issues and community sensitivities.

Identify the variables of concern in your community before deciding what your project policies will be. Work with your advisory board to determine what best practices will work in your community.

Policies and procedures will vary based upon your SSP model, site, and services. However, common policies and procedures include:

- Staff hiring, training, and dismissal
- Syringe exchange policies
- Educational materials ordering & distribution
- Other supplies management
- Syringe handling, storage, and disposal
- Sharps injury prevention and response
- Program safety and security protocol
- Participant enrollment, assessment, referral and termination procedures
- Data collection and reporting
- Prohibited behaviors
- Pet policies

Search 'standard policies and procedures' in the [OHA HR Resource Library](#) for more information.

Search 'sample' and 'implementation documents' to help you develop your materials.

## SECTION 5: PROGRAM IMPLEMENTATION

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Your operating policies and procedures ensure your program's safety and quality assurance.

**All SSP staff are responsible  
for following your SSP policies and procedures.**

# SECTION 5: PROGRAM IMPLEMENTATION

## STEP 3: CREATE QUALITY ASSURANCE ACTIVITIES AND PROCESSES

Quality assurance (QA) is a way to ensure consistent delivery of services by documenting and following standard procedures.

QA activities are proactive processes intended to minimize the chance of errors in performance, data collection, and monitoring.

QA procedures are particularly important to:

- Consistency in participant encounter activities
- Medical screening
- Overdose prevention services
- Stock management
- Syringe handling and disposal

QA policies and practices create systematic monitoring and evaluation activities for your SSP.

Monitoring activities serve two primary purposes.

- They enable you to track your SSP's progress towards achieving its objectives.
- They ensure that you have the information you need to reach as many program participants as possible.

Once you have outlined your monitoring and quality assurance processes, you will need to assemble monitoring and data collection tools.

- Search 'quality assurance' in the OHA HR Resource Library for more information.
- Search 'monitoring', 'quality assurance', 'sample' and 'implementation documents' to help you develop your materials.

# SECTION 5: PROGRAM IMPLEMENTATION

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Standardized processes, activities, and forms ensure you are collecting reliable data.

**Reliable data supports good decisions and quality program service delivery.**

# SECTION 5: PROGRAM IMPLEMENTATION

## STEP 4: DETERMINE STAFFING MANAGEMENT AND TRAINING PLAN

### The tasks of your staff management plan are:

- Determine what staff positions are needed
- Write job descriptions for each position
- Identify core competencies for each position
- Delineate if the position should be filled by paid staff, volunteer staff, peer staff, or interns
- Put together a training curriculum

### The core training curriculum should include:

- A project/organizational orientation
- Standard operating procedures overview
- Harm reduction basics
- Cultural competence and humility
- Site safety and security
- Blood borne pathogens training
- Overdose prevention
- And other content as necessary for your program and individual positions

**Well-trained staff are key to your program's effectiveness.**

Search 'Staff' in the OHA HR Resource Library for more information on staff management and training.

# APPENDICES

# APPENDICES OVERVIEW

## Appendix 1: Emergency Preparedness

Resources to help your community prepare for and respond to public health emergencies related to substance use

## Appendix 2: Tools & Templates

Resources to help you capture your work with this manual to plan and implement your SSP project

## Appendix 3: Sample Documents

Resources to support the development of planning and operations documents - including logic models, procedural protocols, job descriptions, budgets, and more - that you can modify and make your own

## Appendix 4: OHA Harm Reduction Resource Library Directory

A searchable database of expert resources, tools, and templates to facilitate your program planning efforts

Access the OHA Harm Reduction Resource Library at [www.healthoregon.org/harmreduction](http://www.healthoregon.org/harmreduction).

## Appendix 5: Abbreviations

Alphabetical index of initialisms (pronounced as letters, e.g. HIV, CDC) and acronyms (pronounced as words, e.g. AIDS, HIPAA) used in harm reduction and SSP programming

## Appendix 6: Glossary

Alphabetical list of terms and words, with accompanying definitions, used in harm reduction and SSP programming. Included are jargon and professional terms used by SSP stakeholders groups in community, health, and criminal justice. The wide range of words and terms is intended to support your ability to develop shared language and constructive relationships. The definitions of key terms from sources that included the Bureau of Justice Statistics (BJS), CDC, FDA, HCV Advocate, HRSA, HUD, Mayo Clinic, National Institute of Drug Abuse (NIDA), NIH, SAMHSA, and WHO, as well as reviewed and revised by community stakeholders.

# APPENDIX 1:

## SUPPORTING OVERDOSE AND INFECTION CLUSTER RESPONSE

### Public Health Emergency Response Plans

State, local and tribal health authorities have emergency response plans for different types of public health issues, including clusters or outbreaks of infections and more recently overdoses. Depending on the specifics of a situation, either the state, local or tribal health authorities hold the legal authority to determine, declare and lead a cluster or outbreak response in a particular jurisdiction. In the case of overdoses or infectious diseases, the cluster or outbreak response is a process that investigates when a cluster or outbreak is suspected and intervenes when a cluster or outbreak is confirmed.

### Working in partnership with public health during a cluster or outbreak response is important

Your SSP can be a valuable partner to public health authorities during a cluster or outbreak response. You may be well-positioned to scale up activities and reach large numbers of people who are injecting drugs with critical information and services, such as warnings about increasing infections or overdoses in the community. Your SSP sites may

also be able to increase your efforts or host other partners to increase HCV and HIV screening, HAV and HBV vaccinations and link clients into emergency care services.

### Increase Your Program's Preparedness

Here are 3 key steps to improving your program's readiness to support an overdose or infection cluster or outbreak response

#### Step 1:

Identify the local or tribal public health authority person you would contact if you heard from your clients about or noticed changes in the numbers or patterns of overdoses or infections, such as HIV, hepatitis C, or endocarditis. If you do not know this person already, introduce yourself, offer to share information about your SSP program, and ask about the overdose or infectious disease outbreak response plan or process that is in place. Some health authorities may have plans developed, others may be developing or revising plans.

# APPENDIX 1:

## SUPPORTING OVERDOSE AND INFECTION CLUSTER RESPONSE

### Step 2:

Participate in health authority trainings about overdose, injection drug related infections, sexually transmitted infections. Request to participate in local overdose outbreak response exercises to increase your understanding of the response plan and activities. Your participation in and feedback about response exercises will improve your community's response.

### Step 3:

During a cluster or outbreak response, your SSP program may be called upon to expand the number of sites, hours of operation, or services you provide, such as drug checking strips, naloxone distribution, wound care, or HIV or HCV screening. Developing a Memorandum of Understanding (MOU) with your local public health authority that outlines information sharing, plans for different scenarios, and funds available to help your program quickly scale-up community response plan activities.

### Step 4:

Community recovery is the process of public

health, partners and community members working together to return to pre-incident levels or improved levels. One of the actions in the community recovery process is for public health, response partners and community members to identify activities and resources the community needs to prevent another event. Your SSP can play an important part in the community recovery discussions and follow-up.

**Cluster:** A group of people who have a disease or condition, such as HCV, HIV, or overdose, and the number of people is more than the expected or usual number for a community.

**Outbreak:** More diagnoses, such as HCV or HIV, than expected within a geographic area or population during a period and evidence of recent transmission among the case-patients.

**Risk Network:** The group of people among which disease transmission, such as HCV or HIV, has occurred and could be ongoing. A risk network includes people who do not have the disease but may be at risk for infection, as well as the people in a transmission cluster.

# APPENDIX 2: TOOLS & TEMPLATES

The Planning Tools & Templates found in this appendix are resources to help you capture your work as you go through the manual and plan your SSP project. All tools and templates are in Word format. You should feel free to modify them so that they work best for you.

## Planning Tools

- Capacity Building Needs Assessment Tool
- Write SMART Objectives
- Create a Logic Model
- Implementation Planning Tool
- SSP Project Work Plan Tool
- Funding Plan and Tracker
- Potential SSP Funders List
- General Project Work Plan

## Program Activity Templates

- Advisory Committee Roster
- Advisory Committee Guidelines
- Budget Guidance
- Communication Plan Guidance
- Materials Inventory
- Staff Training Plan
- Participant Intake & Enrollment
- Participant Unique Identifiers

# APPENDIX 3:

## SAMPLE DOCUMENTS

Documents listed in Appendix 3 are resources to support the development of planning and operations documents.

Their relevance depends on your program's services. Please feel free to borrow and adapt their content to meet your needs.

Search key word "Appendix 3" to find documents in the OHA Harm Reduction Resource Library.

### Sample Documents

- SSP Logic Models
- SSP SMART Objectives
- Advisory Board Operating Guidelines
- SSP Budgets
- Policies and Protocols

### Quality Assurance Forms

- HCV Screening
- HIV Screening
- STI Screening
- Naloxone
- Fentanyl Strips
- Participant Encounter
- Participant Needs Assessment
- Syringe Handling
- Waste Disposal

Additional sample materials for other program elements can be found by searching 'implementation document' and 'planning document' in the OHA Harm Reduction Resource Library.

# APPENDIX 4: OHA HARM REDUCTION RESOURCE LIBRARY DIRECTORY

## ABOUT

The Library is a searchable database of expert resources, tools, and templates to facilitate your program planning efforts.

The collection is organized to support each of the 5 planning sections of the manual. There are also 5 categorical sections that offer comprehensive SSP guidance documents, fact sheets, forms, tools, and other documents written by experts from around the world.

The following 2 pages describes the topics found in each section of the database.

OHA has gathered them here in a searchable database of document names, descriptions, and Web links to facilitate your program planning efforts.

To access the OHA Harm Reduction Resource Library go to [www.healthoregon.org/harmreduction](http://www.healthoregon.org/harmreduction).

**The OHA Harm Reduction Resource Library Database allows you to search for what you need by section, file name, document title, author, or source.**

# APPENDIX 4:

## OHA HARM REDUCTION RESOURCE LIBRARY DIRECTORY

### Manual Section 1

#### **SSP FOUNDATIONS**

- Behavior Change Theory
- Harm Reduction
- Motivational Interviewing
- People-First Language
- SSP Policies and Practices
- Trauma-Informed Care

### Manual Section 2

#### **LEGAL OVERVIEW**

- Federal Law
- Legal Approaches
- Oregon Law
- Other Articles and Resources

### Manual Section 3

#### **COMMUNITY SUPPORT**

- Advisory Committee/Board
- Community Stakeholder Relationships
- Law Enforcement Stakeholder Relationships
- Stakeholder Communications Plan
- Talking Points

### Manual Section 4

#### **PROGRAM PLANNING**

- Planning Tools
- Assessing Needs & Readiness
- Budgets
- Capacity Building
- Funding
- Logic Models
- Objectives
- Program Models, Sites, & Services
- Program Populations

### Manual Section 5

#### **PROGRAM IMPLEMENTATION**

- Implementation Templates
- Defining Participant Encounters
- Health: Infectious Disease Prevention & Care
- Health: Overdose Prevention & Response
- Health: Screening & Linkage to Care
- Health: Substance Use Treatment
- Health: Wound Care
- Policies & Protocols
- Quality Assurance, Monitoring, & Data Collection
- Staff: Positions & Personnel

# OHA HARM REDUCTION RESOURCE LIBRARY DIRECTORY

- Staff: Peer Programs
- Staff: Training

## APPENDIX 1

### EMERGENCY RESPONSE & PREPAREDNESS

Individual documents

## APPENDIX 2

### PLANNING TOOLS & TEMPLATES

## APPENDIX 3

### SAMPLE DOCUMENTS

## COMPREHENSIVE GUIDANCES

Individual documents

## FACT SHEETS & POSTERS

- Fact Sheets for Participants
- Fact Sheets for Community Stakeholders
- Site Posters

## IMPLEMENTATION DOCUMENTS

- Forms
- Participant Materials
- Policies & Protocols

- Quality Assurance, Monitoring, & Evaluation
- Staff: Job Descriptions
- Staff: Training Curricula

## PLANNING DOCUMENTS

- Forms
- Advisory Committee
- Communication Plan
- Funding Plan
- Needs Assessment
- General SSP Plan
- Stakeholder Engagement

To access the OHA Harm Reduction Resource Library go to [www.healthoregon.org/harmreduction](http://www.healthoregon.org/harmreduction).

# APPENDIX 5: ABBREVIATIONS

## A

**ACA-** Patient Protection and Affordable Care Act  
**ACDP-** Acute and Communicable Disease Prevention  
**ACO-** Accountable Care Organization  
**AHRQ-** Agency for Healthcare Research and Quality  
**AIDS-** Acquired Immunodeficiency Syndrome  
**ALERT-** Alert Immunization Information System  
**amfAR-** The Foundation for AIDS Research  
**ART-** Antiretroviral Therapy

## B

**BRFSS-** Behavioral Risk Factors Surveillance System  
**BSS-** Behavioral Surveillance System

## C

**CCO-** Coordinated Care Organization  
**CDC-** United States Centers for Disease Control and Prevention  
**CLHO-** Coalition of Local Health Officers  
**CLIA-** Clinical Laboratory Improvement Amendments  
**CMS-** Centers for Medicare & Medicaid Services  
**CDP&HP-** Center for Chronic Disease Prevention and Health Promotion  
**CT-** Counseling and Testing

## D

**DOPE Project-** Drug Overdose Prevention and Education  
**DT-** Delirium Tremens

## E

**ED-** Emergency Department  
**EHR-** Electronic Health Record  
**EMR-** Electronic Medical Record  
**EMS-** Emergency Medical Services  
**EPT-** Expedited Partner Therapy

## H

**HAI-** Hospital Acquired Infection  
**HAN-** Health Alert Network  
**HaRT Center-** Harm Reduction Treatment Center (in Seattle, WA)  
**HAART-** Highly Active Antiretroviral Treatment  
**HAV-** Hepatitis A Virus  
**HBV-** Hepatitis B Virus  
**HCV-** Hepatitis C Virus  
**HHS-** Department of Health and Human Services  
**HIPAA-** Health Insurance Portability & Accountability Act Privacy  
**HIV-** Human Immunodeficiency Virus  
**HPCDP-** Health Promotion and Chronic Disease Prevention

# APPENDIX 5: ABBREVIATIONS

**HRC-** Harm Reduction Coalition  
**HRSA-** Health Resources and Services Administration  
**HSPR-** Health Security, Preparedness & Response  
**HST Program-** HIV, STD, and TB

## I

**ICER-** Incremental Cost-Effectiveness Ratio  
**IDSA-** Infectious Diseases Society of America  
**IDU-** Injection drug user  
**IVPP-** Injury and Violence Prevention Program

## M

**M&E-** Monitoring and Evaluation  
**MAT-** Medication(s) for Addiction Treatment (or Therapy)  
**MCH-** Maternal and Child Health  
**MERT-** Medically Enhanced Residential Treatment  
**MOUD-** Medications for Opioid Use Disorder  
**MSM-** Men Who have Sex with Men  
**MSW-** Men Who have Sex with Women

## N

**NACCHO-** National Association of County and City Health Officials  
**NGO-** Non-Governmental Organization  
**NHANES-** National Health and Nutrition Examination

Survey

**NSP-** Needle and Syringe Programs

## O

**OAR-** Oregon Administrative Rule  
**OAT-** Opiate Agonist Therapy  
**OD-** Overdose  
**OHP-** Oregon Health Plan  
**OHSU-** Oregon Health & Science University  
**OI-** Opportunistic Infections  
**OPS-** Overdose Prevention Services  
**OHA-** Oregon Health Authority  
**Oregon DHS-** Oregon Department of Human Services  
**ORS-** Oregon Revised Statute  
**OSCaR-** Oregon State Cancer Registry  
**OSPHD-** Office of the State Public Health Director  
**OSPHL-** Oregon State Public Health Laboratory  
**OVERS-** Oregon Vital Events Registration System  
**OWH-** Office on Women's Health

## P

**PDES-** Program Design & Evaluation Services  
**PDMP-** Prescription Drug Monitoring Program  
**PHAB-** Public Health Advisory Board  
**PHD-** Public Health Division  
**PLHIV-** People Living with HIV

## APPENDIX 5: ABBREVIATIONS

**PRAMS**- Pregnancy Risk Assessment Monitoring System

**PrEP**- Pre-Exposure Prophylaxis

**PWID**- People Who Inject Drugs

**PWUD**- People Who Use Drugs

### Q

**QC**- Quality Control

**QI**- Quality Improvement

### R

**RAC**- Rules Advisory Committee

**RDS**- Respondent-Driven Sampling

**RODS**- Rapid Opioid Dependence Screen

### S

**SAMHSA**- Substance Abuse and Mental Health Services Administration

**SAP**- Syringe Access Program

**SBHC**- School Based Health Centers

**SCS**- Supervised Consumption Space

**SEP**- Syringe Exchange Program

**SSP**- Syringe Service Program

**STD**- Sexually Transmitted Disease

**STI**- Sexually Transmitted Infection

**SUD**- Substance Use Disorder

**SVR**- Sustained Virologic Response

### T

**TB**- Tuberculosis

### V

**VCT**- Voluntary Counselling and Testing

**VISTA**- Volunteers in Service to America

**VR**- Vital Record

### Y

**YRBS**- Youth Risk Behavior Survey

## APPENDIX 6: GLOSSARY

### A

**Abscess:** An accumulation of pus in tissues, organs or confined spaces in the body

**Acamprosate:** A type of medication known as an alcohol abstinence aid. People with alcohol use disorder (AUD) who have stopped drinking alcohol may use it as part of a comprehensive alcohol dependence treatment program that includes counseling. The drug is thought to work by restoring the balance of chemicals in the brain related to alcohol dependence. The brand name for acamprosate is Campral.

**Accidental stick:** When a person unintentionally breaks their skin with a needle

**Acquired immune deficiency syndrome (AIDS):** A term that refers to the most advanced stage of HIV infection. A person with HIV infection must have an AIDS-defining condition or have a CD4 count of fewer than 200 cells/mm<sup>3</sup> (regardless of whether the person has an AIDS-defining condition) to be diagnosed with AIDS.

**Activities:** The events or actions that take place as a part of the program

**Acute HIV infection:** Early stage of HIV infection that extends approximately 2 to 4 weeks from initial infection until the body produces enough HIV antibodies to be detected by an HIV antibody test. During acute HIV infection, HIV is highly infectious because the virus is multiplying rapidly. The rapid increase in HIV viral load can be detected before HIV antibodies are present.

**Addiction:** The term for a chronic recurrent brain disease characterized by compulsively seeking and using a substance despite harmful consequences. It is a brain disease because some substances change the brain and how it works. Substance use disorder (SUD) is a less stigmatizing term.

**Adjudication:** The action or process of resolving a court case, which in many jurisdictions results in a decision,

## APPENDIX 6: GLOSSARY

finding, or verdict on the charge or matter at hand.

**Affordable Housing:** Housing that costs at or below 30% of household income is considered to be affordable.

**Agonist:** An agonist is a drug that attaches to and activates a specific receptor. An agonist can be a full agonist or a partial agonist. When a full agonist binds and activates a receptor, it produces a complete response. Examples of full opioids agonists include heroin, morphine, hydrocodone. When a partial agonist binds to a receptor, it does not cause a full response. Examples of a partial opioid agonist include tramadol and buprenorphine.

**Antagonist:** An antagonist is a drug that attaches to a specific receptor and blocks its activation. Naloxone is an example of an opioid antagonist.

**Alcohol (ethanol):** Ethanol alcohol, sometimes called ethyl or grain alcohol, or drinking alcohol is a substance often made from fermented sugars. Alcohol is a depressant. When people drink alcohol, it is absorbed in their bloodstream and affects their central nervous system, including the brain. Large amounts of alcohol consumption results in intoxication and if consumed in a short period of time can lead to alcohol poisoning.

**Alcohol poisoning:** Alcohol poisoning can occur when a large amount of alcohol is consumed in a relatively short time. As the amount of alcohol in the bloodstream increases, the liver can't break down the alcohol and remove its toxins from the blood quickly enough. The excess alcohol acts as a depressant and can affect the brain that control vital body functions, including breathing, heart rate, blood pressure, and temperature.

**Aluminum Foil:** A flexible, paper-thin sheet of aluminum metal a person uses to hold drugs that will be heated and smoked. Law enforcement may consider this item drug paraphernalia.

## APPENDIX 6: GLOSSARY

**Alcohol Use Disorder (AUD):** A pattern of alcohol use that involves problems controlling drinking, preoccupation with alcohol, continuing to use alcohol even when it causes problems, having to drink more to get the same effect, or having withdrawal symptoms when alcohol consumption is rapidly decreased or stopped.

**Amphetamine:** A group of synthetic or human-made stimulants that act on the central nervous system. Amphetamines produce wakefulness, euphoria, and weight loss. Misuse or disordered use can lead to increased blood pressure, irregular heart rate, heart attack, stroke, compulsive behavior, paranoia, hallucinations, or self-harm. Related drugs include dexamphetamine, and methamphetamine.

**Amyl or butyl nitrite:** A short-acting drug that when inhaled by a person relaxes vascular smooth muscles, such as those in the throat and anus and relieves angina. The drug also produces an intense, euphoric rush and a sensation of heat and excitement. People report using the drug during sex.

**Antabuse:** The first prescription drug approved by the US Food and Drug Administration (FDA) for the treatment of alcohol dependence. The drug causes physical reactions if the person drinks alcohol, such as headaches, nausea, and vomiting. The generic drug name for Antabuse is disulfiram.

**Antibiotic:** A drug used to kill or suppress bacteria growth.

**Antibody:** A protective protein made by the immune system in response to foreign substances called antigens. Antibodies circulate in the blood, binding and neutralizing antigens that are identical to the one that triggered the immune response.

**Antibody avidity-based serologic assays:** Antibodies produced following recent infection have low avidity or binding strength while, months following infection, antibodies mature to high avidity or high binding strength.

## APPENDIX 6: GLOSSARY

Therefore, avidity assays or tests can be used to assess low avidity (which indicates recent infection) versus high avidity (past infection).

**Anticoagulant:** A drug that is used to prevent blood clotting.

**Anticoagulated blood:** Blood treated with an anticoagulant drug. Anticoagulant solutions preserve stored whole blood and blood components and keep laboratory blood specimens from clotting.

**Antifungal:** A drug used to kill or suppress fungi growth.

**Antigen:** A term that refers to any substance, including bacteria, viruses, and allergens, such as pollen that triggers an immune response.

**Antiprotozoal:** A drug used to kill or suppress the protozoan growth.

**Antiretroviral (ARV):** A drug used to prevent replication of retrovirus, such as HIV.

**Antiretroviral Therapy (ART):** The use of a combination of HIV medicines to treat HIV infection.

**Antiviral:** A type of drug class used to treat viral infections.

**Appeal:** A request made after a trial, asking another court (usually the court of appeals) to decide whether the trial was conducted properly. To make such a request is “to appeal.”

**Arrest warrant:** A term that refers to a written order issued by a judge directing the arrest of a person after the jurisdiction’s prosecutors have shown probable cause.

**Arrhythmia:** An irregular heartbeat rhythm or rate.

## APPENDIX 6: GLOSSARY

### B

**Backloading:** A way of sharing injectable drugs by using syringes. One syringe is used to prepare the drug solution, which is then divided into one or more syringes for injection. When backloading, the plunger is removed from the syringe used to prepare the solution. Others will then draw the solution into their syringes through their needles.

**Bail:** Security given for the release of a criminal defendant or witness from legal custody (usually in the form of money) to secure his/her appearance on the day and time appointed.

**Barbiturate:** A class of drugs known as sedative-hypnotics that depress the central nervous system and are prescribed to treat issues such as anxiety and sleep disorders. There are many different types with some short and others long acting. People usually take these drugs in pill form.

**Bath Salts:** The street name for synthetic cathinone drugs which are human-made stimulants chemical related to cathinone, a substance found in the khat plant. The human-made chemical version can be much stronger and, in some cases, dangerous. These drugs are cheap or more available substitutes for other stimulants such as methamphetamine and cocaine. People typically swallow, smoke, or snort bath salts although injection has been reported. Similar to other stimulants, bath salts produce wakefulness and feelings of euphoria. Long-term use or overdose can lead to rapid or irregular heart rate, high blood pressure, the breakdown of skeletal muscle tissue, and kidney failure. People can also experience dehydration, agitation, hallucinations, psychosis, and seizures.

**Benzodiazepine:** A class of medications known as sedatives, tranquilizers and muscle relaxers that act on the

## APPENDIX 6: GLOSSARY

central nervous system. They are typically prescribed to treat muscle injuries, anxiety, seizures, and sleep disorders. There are many different types with some short and others long acting. Drugs in this class include diazepam, alprazolam, clonazepam, lorazepam, Xanax, Valium, Ativan, and Klonopin. Overdose death or injury can result from combining benzodiazepine with alcohol or other drugs.

**Bioavailability:** A measure of the rate and level that a drug is absorbed and becomes available at the site in the body where the drug works.

**Biohazard:** A biological substance that can have harmful effects on humans

**Biohazardous waste:** Biohazard or sharps waste, and waste that is generated or produced as a result of the diagnosis, treatment, or immunization of humans. Environmental laws dictate the appropriate, safe ways to get rid of hazardous waste.

**Biosafety:** The application of practices, procedures and safety equipment when working with infectious materials to prevent infection.

**Birth Doulas:** One of the five types of traditional health workers (THW) and who assists women and their family with pre-natal, childbirth and post-partum care.

**Bleach:** Common household bleach can be used to clean needles to inject drugs if new sterile needles are not available.

**Bloodborne pathogens:** Microorganisms that, when present in human blood, can cause disease in humans. Examples are hepatitis B and C viruses, and human immunodeficiency virus (HIV).

**Booking:** Procedure in which a jail records information about a person taken into custody by law enforcement

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and placed in the custody of the jail system.

**Booting:** A term used to describe a process performed after registering and administering the drug solution. This practice is more common with cocaine than heroin injection. In this process, with the needle still in the vein, the injector draws back on the plunger of the syringe to fill the barrel with blood and then re-injects the blood, sometimes repeating this practice several times.

**Bottle caps:** A metal cap that a person uses to hold drugs that will be heated, liquified and injected. Law enforcement may consider this item drug paraphernalia.

**Buprenorphine:** Buprenorphine is in a class of medications called partial opioid antagonists. Buprenorphine is used to treat opioid dependence. Buprenorphine alone and in combination with naloxone can prevent withdrawal symptoms when someone stops taking opioid drugs by producing similar effects to these drugs.

### C

**Campral:** A type of medication known as an alcohol abstinence aid. People with alcohol use disorder (AUD) who have stopped drinking alcohol use it as part of a comprehensive alcohol dependence treatment program that includes counseling. The drug is thought to work by restoring the balance of chemicals in the brain related to alcohol dependence. The generic name for Campral is acamprosate calcium.

**Candidemia:** Serious bloodstream infections, caused by Candida, a kind of yeast normally found on the skin and in the gut. People who inject drugs are also at risk of candidemia.

**Cannabis:** Botanical name for marijuana. (See marijuana)

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**Capacity building:** A term that describes one or more activities an organization undertakes that contributes to an increase in the quality, quantity, and efficiency of an organization’s program services, systems or infrastructure.

**Case:** An individual in a population or study group identified as having a particular disease or health-related event that is being investigated, with or without clinical signs.

**Case definition:** A set of diagnostic criteria that must be fulfilled for a person to qualify as a case of a particular disease. A case definition can be based on clinical, laboratory, or combined clinical and laboratory criteria.

**Case surveillance:** Monitoring new diagnoses of cases by specific geographic areas, populations, and time-periods.

**Centers for Disease Control and Prevention (CDC):** A federal agency under the Department of Health and Human Services (HHS) that collaborates with state, national, and global partners to develop the expertise, information, and tools that people and communities need to protect their health — through health promotion, prevention of disease, injury and disability, and preparedness for new health threats.

**Centers for Medicare and Medicaid Services (CMS):** A federal agency that administers the Medicare program and monitors the Medicaid programs offered by each state.

**CD4 T cell:** A type of lymphocyte that helps coordinate the immune response by stimulating other immune cells. HIV weakens the immune system by destroying CD4 cells. Also known as CD4 Cell or Helper T Cell

**CD4 count:** A laboratory test that measures the number of CD4 T lymphocytes (CD4 cells) in a sample of blood. In people living with HIV, the CD4 count is an indicator of immune function and a predictor of HIV pro-

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gression. The CD4 count also monitors a person's response to antiretroviral therapy (ART).

**Charge:** The law that the police believe the defendant has broken.

**Chemoprevention:** Use of specific drugs, or other substances to reverse, suppress, or prevent a disease. Also known as chemoprophylaxis.

**Chlamydia:** A sexually transmitted infection caused by the bacterium *Chlamydia trachomatis*; Untreated chlamydia infection can lead to complications, such as infertility. Chlamydia infection can have mild or no symptoms.

**Chronic homelessness:** The lived experience of someone who has experienced homelessness (i.e., living in a place not meant for human habitation or an emergency shelter) for at least one year, either consecutively or across four or more episodes of homelessness over three years.

**Client:** A person accessing services

**Clinical case definition:** Can be used to broaden or restrict the sensitivity of a surveillance system by designating inclusion or exclusion of clinical signs of the disease or condition under investigation. Clinical case definition may be used to screen individuals for additional testing.

**Cluster:** A group of cases of a particular disease or conditions that have occurred in a place and time that are more than the usual number expected, even though the expected number may not be known.

**Cocaine:** A member of a class of drugs known as stimulants that act on the central nervous system. There are multiple forms of cocaine. The powdered form of cocaine can be snorted or dissolved in water and injected. There are also forms of cocaine, such as crack cocaine, that are not water soluble, so are heated and

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smoked. Cocaine can produce euphoric and energetic feelings, reduce fatigue, and increase wakefulness or energy. Cocaine misuse or disordered use can lead to increased blood pressure, irregular heart rate, heart attack, stroke, compulsive behavior, paranoia, hallucinations, or self-harm. Long-term cocaine use can lead to tolerance, with higher doses or more frequent use needed to reach the same level of pleasure experienced during the initial period of use. Binging, or repeated use of cocaine over a short period may cause panic, paranoia, psychosis or auditory hallucinations.

**Cognitive impairment:** Difficulty thinking, reasoning, or remembering.

**Coinfection:** A term that refers to when a person has two or more infections at the same time. For example, a person living with HIV may also have a hepatitis C virus (HCV) coinfection, tuberculosis (TB) coinfection, or both.

**Collapsed vein:** A vein that is damaged where the sides of the vein fall in on themselves.

**Collection device:** A container or instrument used to collect samples for testing or analysis.

**Communicable disease:** An infectious disease that is contagious and that can be transmitted either directly or indirectly from one source to another by an infectious agent or its toxins.

**Community-based organization (CBO):** A public or private nonprofit organization that is representative of a community or significant segments of a community and engaged in meeting that community's needs in the areas of social, human, or health services

**Community-based provider:** Term that refers to an agency or individual that delivers services in a community setting versus an institution, such as a hospital, jail, or prison.

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**Community corrections:** Correctional services, often called probation or parole, delivered in the community rather than prison or jail. People under the oversight of community corrections may be serving the remainder of a sentence or may be required by state statute to remain under oversight for a set period following release from a jail or prison. In some areas, probation agencies also provide oversight to post-adjudication treatment court program participants during their participation in the treatment court program.

**Community health workers (CHW):** Certified Community Health Workers (CHWs) have completed a traditional health worker certification program and help people adopt healthy behaviors and navigate the health system. CHWs usually share ethnicity, language, socioeconomic status, or life experience with those they serve. CHWs work for their local hospitals and clinics or Coordinated Care Organization (CCO) to deliver culturally appropriate health education. CHWs promote, maintain, and improve individual and community health. CHWs may (1) provide information on available resources, (2) connect people to social supports, (3) provide informal counseling, (4) advocate for individual and community health needs, and (5) provide services such as blood pressure screening or other health prevention screenings.

**Community supervision:** A term that refers to the activities involved in providing oversight to people who are under community corrections. In some areas, probation agencies also provide community supervision to post-adjudication treatment court program participants during their participation in the treatment court program.

**Competencies:** A term that refers to the essential skills and applied knowledge necessary for a trained person to be effective in the work field and carry out the roles and responsibilities of their trained profession

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**Competency assessment:** The evaluation of a test operator's ability to perform a test and use a test device; this includes all aspects of testing, from sample collection to results reporting.

**Comorbidity:** When a person has two or more conditions or disease at the same time. For example, when a person has heart disease and high blood pressure. They are also referred to as co-morbid disorders.

**Confirmatory test:** A test that confirms the results of a screening test

**Confirmed positive:** A case that is laboratory verified with a confirmatory test

**Contact hour:** An hour of a classroom, group, or distance learning training. A contact hour does not include homework time, preparatory reading, or practicum.

**Contact investigation:** The process of identification and follow-up of persons at risk for infection due to recent exposure to a newly diagnosed or suspected case.

**Co-occurring disorders:** The coexistence of both mental illness and substance use disorder(s); may include polysubstance use disorders, which are substance use disorders involving more than one type of drug.

**Cooker:** A spoon, bottle cap or something similar used to mix and heat drugs, so they can be injected.

**Coordinated entry system (CES):** A systematic approach to homelessness services with an electronic intake and referral process designed to connect youth, adults, and families experiencing homelessness to the housing and supportive services that are most appropriate to their needs.

**Cost-benefit analysis:** The process of examining the benefits of a program and the costs of the program where the benefits and costs are considered in monetary terms.

**Cost-effectiveness analysis:** The process of examining program costs and effects but the impacts do not have

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to be considered in monetary terms.

**Cotton:** When injecting drugs, these may be used to filter out dirt or other impurities when drawing up the drugs into the syringe. Law enforcement may consider this item drug paraphernalia

**Cotton fever:** An infection caused by bacteria inside of a filter—usually a cotton—used to inject drugs.

**Crack cocaine:** A form of cocaine that is processed into a rock form using baking soda or other cutting agents. The term “crack” refers to the crackling sound heard when heating before smoking.

**Crisis Intervention Teams (CIT):** An evidence-based program for first responders that provides training, resources, and partnerships to support the diversion of people with mental illness or co-occurring mental and substance use disorders from arrest or a jail stay into treatment or services.

**Crisis respite:** A 24-hour short-term, nonmedical program designed as an alternative to hospitalization operated by staff trained to address the needs of people who are experiencing crises.

**Cutting agent:** An inert or active substance added to a drug to increase the amount.

### D

**Detoxification:** A term for a medically supervised intervention that occurs in inpatient or community-based settings and provides medical and psychosocial support for a person during the withdrawal period from a drug.

**Diagnostic test:** Tests likely to provide information which aids in the making of a diagnosis.

**Direct-acting antiviral (DAA) therapy [HCV]:** Refers to antiviral medications that target specific steps within the HCV life cycle resulting in disruption of viral replication and infection.

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**Disease intervention specialist (DIS):** A public health worker who locates, interviews, counsels and educates people diagnosed with specific communicable diseases, such as with sexually transmitted infections. The DIS worker can also reach out to identified contacts and offer information, screening, and linkage to care while keeping the name of the case confidential.

**Disinfectant:** A chemical agent that destroys microorganisms that may cause disease.

**Disulfiram:** The first prescription drug approved by the US Food and Drug Administration (FDA) for the treatment of alcohol dependence. The drug causes physical reactions if the person drinks alcohol, such as headache, nausea, and vomiting. The brand name for disulfiram is Antabuse.

**Diversion:** The process of channeling a person away from the justice system and placing the person into services or treatment to address symptoms and underlying causes leading to justice involvement.

**Drug addict:** A stigmatizing term that refers to a person with a substance use disorder. Non-stigmatizing term is “person with substance use disorder”.

**Drug addiction:** A stigmatizing term that has been replaced with “substance use disorder”. A chronic, relapsing brain disorder characterized by compulsive drug seeking and use despite adverse consequences. A substance use disorder is considered a brain disorder because it functionally changes the parts of the brain involved with reward, stress and self-control, and these changes can be long-lasting. The changes in the brain can lead to the harmful behaviors seen in people who use drugs. It is also a relapsing disease, meaning that a person can return to drug use after even long periods of no substance use.

**Drug treatment:** This term refers to all forms of structured interventions, including psychosocial techniques and

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medications and that support a person to reduce or abstain from illicit drug use.

### E

**Early HIV infection:** The time up to 6 months after infection during which anti-HIV antibodies are detectable.

**Emergency Operations Center:** The centralized base of operations established during an emergency that supports multi-agency or multi-jurisdiction disaster response coordination and communication.

**Endocarditis:** An infection of the inner lining of the heart and heart valves. Endocarditis occurs when bacteria, fungi or other germs from another part of the body spread through your bloodstream and attach to damaged areas in your heart. If not treated quickly, the infection can damage or destroy your heart valves and lead to life-threatening complications.

**Environmental Protection Agency (EPA):** The United States government agency with the mission of protecting human health and the environment.

**Epidemic:** A widespread outbreak of a disease in a large number of individuals over a particular period either in a given area or among a specific group of people.

**Epidemiology:** The study of the distribution, causes, and clinical characteristics of disease or health status in a population to determine prevention and control strategies.

**Evaluation:** A systematic method for collecting, analyzing and using the information to answer questions about the effectiveness of projects, policies, and programs.

**Evaluation design:** The structure, conceptual framework or logic model used to arrive at conclusions about pro-

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gram outcomes.

**Evaluation plan:** A written document that describes the overall approach and design used to guide an evaluation; It includes why the evaluation is being conducted, what will be done, how it will be done, who will do it, when it will be done, and lastly, what the findings will be used to do.

**Evaluation strategy:** The method used to gather evidence about the outcomes of a program; An evaluation strategy is made up of the evaluation design, a data collection method, and an analysis technique.

**Evidence-based program:** A program providing an intervention that is supported by a robust research base indicating its effectiveness on populations receiving the intervention.

**External control:** The name of the control material that mimics patient samples and monitors the testing process from the sample application to the result interpretation.

**External quality assessment:** A program in which multiple samples are sent to members of a group of laboratories for analysis and identification regularly. The laboratory's results are compared with those of other laboratories in the group and with an assigned value and reported to the participating laboratories and others.

### F

**False negative:** A test result that incorrectly indicates that the condition being tested for is not present when the condition is present.

**False positive test result:** A test result that incorrectly indicates that the condition being tested for is present when the condition is not present.

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**Family support specialists:** A type of peer support or a peer wellness specialist who has similar life or parenting experiences; these experiences can include being a current or former consumer of mental health or addiction treatment; or someone who has faced difficulties in accessing education, health, and wellness services due to mental health or behavioral health barriers.

**Federally Qualified Health Centers (FQHC):** Community-based health care providers funded by the Health Resources and Services Administration (HRSA) to provide primary and preventive health care, dental care, and behavioral health services to persons of all ages on a sliding scale basis. FQHCs are located in underserved areas and can provide a partnership for linking individuals with primary and preventative care.

**Felony:** A crime regarded more serious than a misdemeanor and usually carries a penalty of more than a year in prison.

**Fetal Alcohol Syndrome:** A pattern of delayed mental and physical growth in the fetus due to excess alcohol consumption during pregnancy.

**Fentanyl:** A synthetic, human-made opioid, 50 to 100 times more potent than morphine. It is a drug that can be made legally and diverted for illicit use. It is also a drug that is made illegally and sold for illicit use. The prescription drug is used to treat patients with severe pain or to manage pain after surgery. When prescribed, the drug can be given as a shot, absorbed through the skin in a patch, or as lozenges sucked like cough drops. Illegally made fentanyl can take different forms, such as powders, liquid, or made into pills that look like other prescription opioids. Fentanyl's effects include euphoria, drowsiness, sedation, confusion, nausea, constipation, unconsciousness, and breathing problems.

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**Fingerstick:** A procedure in which a finger is pricked to obtain a small quantity of capillary blood for testing. Also called a finger prick.

**Flop house:** A house, apartment, mobile home or trailer where people hang out and use drugs

**Food and Drug Administration (FDA):** A federal agency under HHS that is responsible for regulating and supervising the safety of biological and medical products and devices as well as the categorization of tests under CLIA, including waivers

**Frontloading:** A way of sharing injectable drugs by using syringes. One syringe is used to prepare the drug solution, which is then divided into one or more syringes for injection. When frontloading, the drug solution is shifted from one syringe into another by squirting the drug mixture into the syringes of others through the needle of the syringe used to prepare the solution.

### G

**Genital warts:** A sexually transmitted disease caused by the human papillomavirus (HPV). Genital warts look like raised pink or flesh-colored bumps on the surface of or the tissue around the vagina, cervix, tip of the penis, or anus.

**Genetic distance threshold:** The level of genetic similarity between HIV nucleotide sequences, which is used to identify how closely related the pairs are to each other.

**Gonorrhea:** The name of the sexually transmitted disease that is caused by the bacterium *Neisseria gonorrhoea*. The bacterium can grow and multiply easily in mucous membranes of the body, including the reproductive

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tract, urethra, mouth, throat, and anus. Gonorrhea can have mild or no symptoms. If left untreated, gonorrhea can lead to infertility or spread into the bloodstream and affect the joints, heart valves, and brain. A mother with gonorrhea may also pass the infection to her child during delivery. Gonorrhea infection increases the risk of sexual transmission of HIV.

**Group A Streptococcus (GAS):** A bacterium commonly found in the throat and on the skin. GAS can be in the throat or on the skin and cause no symptoms of the disease, but it may also cause an infection that ranges from mild to very serious and even life-threatening.

### H

**Half-life:** The time it takes for the concentration of a drug to lose half its initial value or activity after being introduced into the body.

**Hallucination:** The perception of an external object, sound, or person when there is no object, sound, or person present.

**Hallucinogen:** A substance that produces as a main effect perceptual distortions, such as changes in what a person sees or hears.

**Harm reduction:** Harm reduction is a set of practical strategies and ideas aimed at reducing the negative consequences associated with drug use. Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs. Harm reduction incorporates a spectrum of strategies from safer use, to managed use to abstinence that meets people who use drugs “where they’re at,” address-

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ing conditions of use along with the use itself. Because harm reduction demands that interventions and policies designed to serve people who use drugs reflect individual and community needs, there is no universal definition of or formula for implementing harm reduction. (Harm Reduction Coalition)

**Hashish:** A cannabis resin. It can be smoked, swallowed, baked, and eaten.

**Hepatic:** About the liver.

**Hepatitis:** Inflammation of the liver, usually from a viral infection. The term hepatitis is also often used to refer to the group of viral infections that affect the liver (hepatitis A, B, C, D, and E). Hepatitis, or inflammation of the liver, can also be due to autoimmune disease, alcohol, medications, or toxic agents. Symptoms of hepatitis, if any, can include loss of appetite, nausea, vomiting, and jaundice. Hepatitis can lead to liver damage, liver failure, or cancer.

**Hepatitis A Virus (HAV):** A vaccine-preventable viral disease caused by the hepatitis A virus (HAV). It is transmitted person-to-person through the fecal-oral route or consumption of contaminated food or water. Hepatitis A is a self-limited infection that does not result in chronic infection.

**Hepatitis B Virus (HBV):** A vaccine-preventable viral disease of the liver that occurs when the virus of an infected person passes (through blood, semen, or saliva) into the bloodstream of a non-immune person.

**Hepatitis C virus (HCV):** HCV is a blood-borne infection of the liver that results from the blood of a person infected with hepatitis C getting into the body of a person who is not infected.

**Hepatitis D:** A liver infection caused by the hepatitis D virus (HDV). HDV can be an acute, short-term, infection or a long-term, chronic infection. Hepatitis D only occurs in people who are infected with the hepatitis B virus

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because HDV is an incomplete virus that requires the helper function of HBV to replicate. Hepatitis D is transmitted through percutaneous or mucosal contact with infectious blood and can be acquired either as a coinfection with HBV or as superinfection in people with HBV infection. There is no vaccine for hepatitis D, but it can be prevented in people who are not already HBV-infected by hepatitis B vaccination.

**Hepatitis E:** A liver infection caused by the Hepatitis E virus (HEV). It is transmitted person-to-person through the fecal-oral route or consumption of contaminated food or water. Hepatitis E is a self-limited infection that does not result in chronic infection. While rare in the United States, Hepatitis E is common in many parts of the world. There is currently no FDA-approved vaccine for Hepatitis E.

**Heroin:** An opioid drug made from morphine. It can be smoked, snorted or injected.

**Herpes Simplex Virus 1 (HSV-1) Infection:** An infection caused by herpes simplex virus 1 (HSV-1) and usually associated with lesions on the lips, mouth, and face. HSV-1 is transmitted by direct contact, including sexual contact, with someone who has the virus (even if lesions are not visible). Treatment can shorten and prevent outbreaks and reduce the risk of transmission. People with HIV and HSV-1 at the same time have a higher risk of transmitting HIV to a partner who does not have HIV during sexual contact.

**Herpes Simplex Virus 2 (HSV-2) Infection:** An infection caused by herpes simplex virus 2 (HSV-2) and usually associated with lesions in the genital or anal area. HSV-2 is contagious and transmitted by direct contact, including sexual contact, with someone who has the virus (even if lesions are not visible). Treatment can shorten and prevent outbreaks and reduce the risk of transmission. People with HIV and HSV-2 at the same time have a higher risk of transmitting HIV to a partner who does not have HIV during sexual contact.

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**HIV prevention community planning:** A collaborative process by which health departments work in partnership with the community to develop a comprehensive HIV prevention plan that includes prioritized target populations and a set of prevention activities/interventions for each target population.

**Housing Choice Voucher Program:** Vouchers are provided to beneficiaries and can be used with any participating landlords. Housing Choice Voucher subsidies are not available for all those who are eligible, and not all landlords accept the vouchers.

**Housing First:** An evidence-based approach to housing people experiencing chronic homelessness that places them in permanent supportive housing without treatment or behavioral requirements.

**Human immunodeficiency virus (HIV):** The Human Immunodeficiency Virus is a retrovirus that causes Acquired Immunodeficiency Syndrome (AIDS). The virus infects certain types of white blood cells, including helper T-lymphocytes, monocytes and other cells that are critical cells of the human immune system. HIV infection of these cells results in immune system dysfunction. Effective HIV treatment can result in undetectable levels of HIV in the blood and eliminate the risk of HIV transmission. When HIV can replicate, the infection can be transmitted through infected blood, semen, and vaginal fluids or from mother to child during pregnancy, childbirth or breastfeeding.

**Human Papillomavirus (HPV):** The virus that causes human papillomavirus (HPV) infection. There are many kinds of HPV, including some that can cause genital warts and cancer. Infection with HPV is the most frequent cause of cervical cancer. There are approved vaccines that prevent infection with multiple disease-causing HPV types.

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**Hypoxia:** An insufficient supply of oxygen to the cells and tissues of the body.

### I

**Impact evaluation:** A type of evaluation process that looks at the effects of a program or policy on entire populations. Since population-level effects can seldom be attributed to single or multiple programs or policies, impact evaluations of program or policies on a population usually entail a rigorous evaluation design that includes the combined effects of multiple programs or policies for specific populations.

**Immune Response:** Actions of the immune system to defend the body against bacteria, viruses, or other substances that the body recognizes as foreign and harmful.

**Immune system:** A complex network of specialized cells, tissues, and organs that recognize and defend the body from foreign substances, primarily disease-causing microorganisms such as bacteria, viruses, parasites, and fungi

**Immunity:** Protection against disease caused by infectious microorganisms or by other foreign substances. Immunity can be acquired through vaccination, by contracting the disease, or by transfer of antibodies produced by another person or animal. Immunity also includes the protective barriers that a person is born with, such as the skin and mucous membranes.

**Incidence:** The number of new cases of a condition, symptom, death, or injury that develops in a specific area during a particular period.

**Incident command system (ICS):** A command and control system that delineates job responsibilities, creates a

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specific organizational structure, and coordinates an emergency response. ICS provides a common hierarchy within which responders from multiple agencies can operate during all types of emergency incidents.

**Incident commander:** The person responsible for the overall management of an emergency response

**Incubation period:** The time between infection with a pathogen and the onset of disease symptoms

**Indirect sharing:** Occurs when a person who injects drugs (PWID) uses their own syringe or needle but shares other injection equipment or materials.

**Individual placement and support:** A type of supported employment program designed specifically for people with serious mental illness

**Infection:** Term that refers to the invasion and growth of an infectious microorganism, such as a bacterium or virus, in the body. Infection can also refer to the disease caused by the infectious microorganism. For example, the human immunodeficiency virus (HIV) causes HIV infection.

**Infectious:** Capable of causing infection

**Infectious disease:** A disease that is caused by a microorganism, such as a bacterium, virus, or protozoan, that is not typically found in the body and is capable of causing infection.

**Informed consent:** The process of understanding the risks, benefits and possible consequences of behavioral or medical treatment, procedures or clinical trial participation.

**Injection Drug Use (IDU):** A method of illicit drug use where drugs are injected into the body, a vein, muscle or under the skin with a needle and syringe

**Initial hearing:** Court proceeding in which the defendant learns of their rights, the charges, and the judge de-

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cides bail.

**Intervention:** A specific set of activities implemented by a program or providers and can focus at the individual, small or large group, community or societal levels.

**Intradermal:** Injection delivered into the dermis, which is underneath the upper layer of skin (epidermis).

**Intramuscular (IM):** An injection delivered into the muscle, such as the upper arm, thigh or another muscle area

**Intranasal:** A term that refers to when a drug is taken or delivered through the nose to the nasal passages and absorbed into the bloodstream

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

**In Utero:** In the uterus (womb). In utero also refers to the length of time that a fetus is in the uterus of the pregnant female.

### J

**Jail:** A short-term detention facilities usually managed by a local law enforcement agency and intended to hold adults in custody. People serving time in jail typically have a sentence of less than one year. Most people detained in jail are being held for arraignment following their arrest, or awaiting trial, sentencing, or transfer to other facilities after a conviction.

**Jaundice:** Yellowing of the skin, whites of the eyes, or mucous membranes. It is a sign that the blood contains too much bilirubin, a substance produced when the liver breaks down red blood cells. It usually indicates liver

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dysfunction. Liver diseases, such as hepatitis, cirrhosis, blocked bile ducts, or medications, can cause jaundice.

**Justice-involved:** A term that indicates person has past or current involvement in the criminal justice system, such as an arrest, prosecution, incarceration in a jail or prison, or community supervision.

### K

**[Syringe] Kiosks or drop boxes:** Places for safely disposing of used syringes usually placed in publicly accessible locations. Used syringes are placed inside to reduce reuse and risk of accidental needlesticks.

**Kratom:** The common name of a drug made from the leaves of a tropical tree (*Mitragyna speciosa*). In small doses, Kratom has a stimulant effect, while in large dosages the drug has a sedative effect. Kratom preparations have been marketed as herbal supplements.

### L

**Lemon juice:** In the context of substance use, the liquid from lemons is sometimes used to help mix and break down a drug that will be injected. Sterile citric acid is recommended instead of lemon juice for this purpose. Lemon juice is not recommended because bacteria can grow on the outside of the fruit and get into the juice when the lemon is cut and squeezed. Injecting bacteria can lead to serious infections.

**Lysergic acid diethylamide (LSD):** A typical hallucinogen, the characteristics of its action and effects apply to the other hallucinogens, including mescaline, psilocybin, and ibogaine. LSD is odorless, colorless, and has

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a slightly bitter taste. Typically taken by mouth, it is sold as tablets, capsules, and less often in liquid forms. LSD can be added to absorbent paper, such as blotter paper, and divided into small decorated squares, with each square representing one dose.

### M

**Maintenance therapy:** Ongoing use or addition of a drug or other treatment to help a primary treatment succeed or to prevent a reoccurrence of a prior, successfully controlled disease or infection.

**Marijuana:** A drug made from the dried leaves and flowers of the hemp plant that can be smoked, eaten or vaporized. It is legal and regulated in some states, but under federal law, it is still illegal to possess or be under the influence of cannabis.

**Medical respite care:** Short-term residential care for people experiencing homelessness who are not ill enough to be in a hospital but too ill to recover in an emergency shelter or if unhoused. This model of care can prevent expensive re-hospitalizations and help people experiencing chronic homelessness transition to permanent supportive housing.

**Medicaid:** A federal health care program that provides coverage of certain health services to families or individuals that meet income eligibility requirements. The eligibility requirements and services covered vary by state. Funding is largely provided by the federal government; however, states may supplement the funds and direct the way Medicaid is delivered on the state level.

**Medication Assisted Treatment (MAT):** A model of substance use disorder treatment where medications are used

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in combination with counseling and behavioral therapies to help people achieve and sustain recovery. Medication-assisted treatment (MAT), includes opioid treatment programs (OTPs).

**Mescaline (3,4,5-trimethoxyphenethylamine):** A hallucinogenic drug made from the peyote cactus and affects perception, thinking, and mood.

**Methadone:** A synthetic opiate drug used as maintenance therapy for people who are physically dependent on opioids

**Methamphetamine:** A synthetic stimulant drug that acts on the central nervous system and can be taken in several forms including as a pill, smoked, injected or inhaled. See amphetamine.

**Misdemeanor:** A crime considered less serious than a felony, usually punishable by less than a year of confinement. Depending on the jurisdictions, misdemeanors may or may not include infractions, which are even less serious offenses, such as exceeding the speed limit, illegal parking, and others.

**Molecular surveillance:** The systematic collection, analysis, interpretation, monitoring, and use of molecular level information about microorganisms to describe related microorganism networks and patterns, and inform response planning, implementation and evaluation of mitigation actions. Molecular surveillance plays an integral and supporting part of a surveillance program.

**Molecular HIV cluster:** A term that refers to a group of persons diagnosed with HIV with genetically similar HIV strains. The detection of a molecular cluster does not necessarily mean there are more HIV cases than usual, but it might indicate that HIV is spreading rapidly and public health action is needed. This information can help us take public health action, potentially preventing future transmissions.

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**Molecular HIV surveillance:** The systematic collection, reporting, and analysis of HIV genetic sequences generated through HIV drug resistance testing.

**Morbidity:** Disease state or symptom. Morbidity rate is a measure of the frequency of occurrence of disease among a defined population during a specified period.

**Mortality:** A term for death, and in public health refers to death on a population level.

**Mortality rate:** A measure of the frequency of death among a defined population during a specified period

**Motivational interviewing:** A client-centered counseling method and approach that supports individual-level behavior change by focusing on, exploring and resolving client ambivalence.

### N

**Naloxone:** A medication that can reverse an opioid overdose. Naloxone is a relatively short-acting opioid receptor antagonist. Naloxone works by counteracting the depressant (slowing or stopping) effect that opioids have on the central nervous system (brain and spinal cord) and respiratory system (breathing).

**Naltrexone:** An opioid antagonist drug used to treat Alcohol Use Disorder (AUD) and Opioid Use Disorder (OUD). Naltrexone blocks the effects of opioids. Naltrexone can be taken in a pill form, injected or an implant.

**Narcan:** (See naloxone)

**National Incident Management System:** An integrated framework that defines the roles and responsibilities of federal, state, and local first responders during emergency events

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**National Response Framework:** A guide to how the nation responds to all types of disasters and emergencies. It is built on the template identified in the National Incident Management System and aligns critical roles and responsibilities across the nation.

**Navigator:** A trained professional who helps people and their families access and understand medical and social services. Navigators can include social workers, case managers, community health workers, or patient navigators.

**Needle exchange:** A service or program that provides sterile syringes, needles, and other clean injection supplies to people who inject drugs to prevent infections. Needle exchange programs (NEPs) may also offer other services, such as wound care, to help people who inject drugs to reduce the potential harm of drug use.

**Needle gauge/size:** A term that refers to the thickness of a needle. Needles come in various sizes or gauges and lengths. Needle gauge and length depends on the substance used and injection location. The higher the gauge number the finer the needle.

**Needle-stick injury protocol:** Policies and procedures that outline both immediate and subsequent remedial and prophylactic actions to take in the event of a needlestick injury.

**Needs-based/negotiated distribution:** A program with no limits on the number of syringes an SSP participant may receive. Participants are not required to return used syringes to acquire new, sterile syringes.

**Neonatal:** About an infant during the first 28 days after birth.

**Nodding out:** A term that refers to when a person using opioids or sedative hypnotics fades in and out of a depressant-induced sleepy state.

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**Nonreactive Test Result Synonym(s):** A nonreactive test result indicates that signs of the condition tested for are not present.

**Nucleic acid test (NAT):** A molecular technique used to detect a particular pathogen in blood, tissue or other body fluid. The test is based on the detection and amplification of targeted regions of pathogen RNA or DNA. The term NAT includes any test that directly detects the genetic material of a pathogen such as a polymerase chain reaction.

**Nucleotide sequence:** The order of nucleotides (the basic structural units of DNA and RNA), within a DNA or RNA molecule

### O

**One-for-one plus exchange:** A program practice that modifies the one-for-one exchange model and provides an SSP participant with a predetermined number of extra sterile syringes beyond the matched number of syringes brought in for disposal

**Opiate:** The term used for naturally occurring opioids made from opium, such as morphine.

**Opiate Antagonist:** Term that refers to drugs that bind to the opioid receptors in the body more strongly or with a higher affinity than agonists. The preferential binding results in the blocking of the opiate receptors and prevents the binding of other opioid drugs.

**Opioid:** The term used for all drugs that act on the opioid receptors in the brain and includes naturally occurring and semi-synthetic or synthetic drugs. Semi-synthetic opioids are made by chemically modifying natural

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opiates. Examples of semi-synthetic opioids are oxycodone and hydrocodone. Synthetic opioids act on the opioid receptors but are made from chemicals. Examples of synthetic opioids are fentanyl and methadone.

**Opium:** A drug made from the opium poppy. The extract can be used to make the opiate morphine.

**Opportunistic Infection (OI):** An infection that occurs more frequently or is more severe in people with weakened immune systems, such as people with HIV or people receiving chemotherapy, than in people with healthy immune systems.

**Osteomyelitis:** An infection in a bone that can be caused when bacteria travel to the site through the bloodstream or spreading from nearby tissue. Infections can also begin in the bone itself if an injury exposes the bone to germs. Most people need surgery to remove areas of the bone that have died. After surgery, strong intravenous antibiotics are typically needed.

**Outbreak:** More diagnoses of cases than expected within a geographic area or population during a specific period and evidence of recent transmission among the identified case-patients.

**Outcome evaluation:** A type of evaluation concerned with determining if, and by how much, program activities or services achieved their intended outcomes. Outcome monitoring is the tracking of variables adopted as measures or ‘indicators’ of the desired program outcomes. It may also track information directly related to program clients, such as the change in knowledge, attitudes, beliefs, skills, behaviors, access to services, policies, and environmental conditions.

**Outputs:** The direct products or deliverables of program activities, such as the number of counseling sessions completed, the number of people reached, and the number of materials distributed.

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**Outreach:** Any community-based activity, face to face or by telephone, designed to contact people meeting specific criteria. At a minimum, outreach provides support to members of particular groups.

**Outreach services:** Provision of health information and services in communities where populations of interest live, or places where they meet or congregate. Outreach health services, information, and commodities can be provided by health workers in a variety of venues such as storefronts, street corners, and buses.

**Overdose:** A term that refers to taking too much of a substance, whether it's prescription, over-the-counter, legal, or illegal. Drug overdoses may be fatal or non-fatal and accidental or intentional.

**Oxycodone:** A semi-synthesized opioid drug. It can be taken by pill (mouth), sublingual (under the tongue), intramuscular (into a muscle), intravenous (into a vein), intranasal (nose), subcutaneous (under the skin), and transdermal (skin patch). The pill form can be crushed, dissolved in liquid and injected.

### P

**Parole:** The conditional release of a person convicted of a crime from prison to serve the remainder of his/her sentence under some type of supervision in the community. People on parole usually must follow specific rules, such as have no contact with named individuals and fulfill specific conditions such as participate in a drug treatment program. Parole supervision may be active, meaning the person must report to a parole officer in person or over the phone, or inactive meaning they do not have to report to a parole officer regularly. Conditions of parole can also be financial, such as the payment of fines, fees, court costs or participation costs of a specified program. If the person fails to comply with rules or conditions of parole, he or she may be

## APPENDIX 6: GLOSSARY

reincarcerated.

**Participant:** A person who is accessing a program or service

**Partner services:** A term that refers to a broad group of services offered to persons with HIV and other STIs and their partners. Services include partner notification where past and present sexual or needle-sharing partners are notified of possible exposure to HIV or other STIs. Partner services may also include prevention counseling, STI testing, hepatitis screening and vaccination, treatment or linkage to medical care, linkage or referral to other prevention services, and linkage or referral to other services (e.g., substance use treatment and mental health services).

**Passive surveillance:** A method of disease reporting in which system partners, such as laboratories and institutions that see patients report suspect cases to the designated public health authority. There is no active search for cases. This method of surveillance provides an opportunistic sampling of clinical or subclinical suspect cases, or non-clinical cases of a population.

**Pathogen:** Any disease-causing microorganism, such as a bacterium or virus.

**Peer Support Specialists (PSS):** One of the five types of traditional health workers (THW) and who focuses on recovery from addiction/mental health conditions.

**Peer navigation:** The process of a peer, someone with common lived experience, helping a client, patient or community member access essential medical and social services

**Peer Wellness Specialists (PWS):** One of the five types of traditional health workers (THW) and who focuses on recovery from addiction/mental health and physical conditions.

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**Pelvic Inflammatory Disease (PID):** Infection and inflammation of the upper female genital tract, including the uterus and fallopian tubes. Pelvic inflammatory disease (PID) is usually due to bacterial infection, including some sexually transmitted diseases, such as chlamydia and gonorrhea. There may be few symptoms in early infection, but if untreated, a woman may experience pain in the lower abdomen, fever, smelly vaginal discharge, irregular bleeding, or pain during intercourse. PID can lead to severe complications, including infertility, ectopic pregnancy (a pregnancy in the fallopian tube or outside of the womb), and chronic pelvic pain.

**Perinatal:** The period that extends from approximately 22 weeks into pregnancy up to about four weeks after birth. Perinatal transmission of HIV refers to the passage of HIV from a mother to her child during pregnancy, labor, and delivery, or breastfeeding (through breast milk).

**Permanent Housing Subsidy:** Government-funded cash assistance to help very low-income households afford rental housing. Payments go directly to participating landlords, and the payments continue as long as the enrollee remains eligible based on their income.

**Permanent Supportive Housing (PSH):** A housing intervention that combines affordable housing, health care, and supportive services to help people experiencing chronic homelessness become housed stably while also addressing their health and social needs.

**Personal Health Navigators (PHN):** One of the five types of traditional health workers (THW) and who provides information, assistance, tools, and support to enable a patient to make the best health care decisions.

**Pipe:** Used to smoke meth, crack, heroin, opium, and other substances.

**Plea:** In a criminal case, the person's statement pleading "guilty" or "not guilty" in answer to the charges.

**Prison:** Correctional facilities that typically hold people convicted and with incarceration sentences of more

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than a year. Prison facilities may be owned by a state, the federal government, or private prison corporations whose services and beds are contracted by the state or federal government.

**Program monitoring:** The systematic tracking of critical parts of a program or project, including activities, products, and outcomes.

**Point-of-Care testing:** Testing technology that allows persons to be tested for a specific condition and know their status during the same visit. Point-of-Care tests may also be referred to as “rapid” tests.

**Point-in-Time Homeless Count:** A visual count of a city or county’s homeless population in January required by the federal government every other year

**Polydrug use:** A term that refers to the use of least two illicit drugs or new psychoactive substances at the same time (concurrent) or one after the other (sequential)

**Polysubstance use:** A term that refers to the use of multiple substances at the same time (concurrent) or one after the other (sequential) within a short period of time

**Popping:** Injecting drugs under the skin (skin popping) or into a muscle (muscle popping).

**Post-exposure prophylaxis:** The use of antiretroviral medicines after a potential exposure to HIV to prevent HIV infection

**Postnatal:** The period after birth; Postnatal refers to the newborn.

**Postpartum:** The period after childbirth; Postpartum refers to the mother.

**Potency:** A quantitative measure of the activity or strength of a drug.

**Pre-Exposure Prophylaxis (PrEP):** An HIV prevention method for people who are HIV negative and at substantial

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risk of HIV infection. Pre-exposure prophylaxis (PrEP) involves taking a specific combination of HIV medicines daily. When someone is exposed to HIV through sex or injection drug use, these medicines can work to keep the virus from establishing a permanent infection.

**Prenatal:** The period from conception up to birth; Prenatal can refer to both the woman and the fetus.

**PrEP navigation:** The process of connecting people who want to use HIV medicines to protect themselves from HIV infection to pre-exposure prophylaxis (PrEP)-related counseling or treatment.

**Presumptive positive case:** A case that meets the criteria of a suspect case and further testing indicates infection with a pathogen is likely, but the pathogen has not been isolated or positive on an officially accepted test or by an accredited laboratory. The definition of a presumptive positive case varies with disease or condition under investigation.

**Pretrial services:** Monitoring and services provided by a designated agency to people charged with a crime and awaiting the adjudication of their court case

**Prevalence:** The number or proportion of people with a particular disease or condition in a given population and at a point in time.

**Prison:** Prisons are longer-term correctional facilities that typically hold people who have been convicted with sentences of more than a year; however, the sentence length may vary by state may be owned by a state, the federal government or prisons typically hold felons and persons with sentences of more than a year; however, the sentence length may vary by state. There are also private prison facilities that are run by private prison corporations whose services and beds are contracted out by state or the federal government.

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**Probation:** A sentencing alternative to imprisonment in which the court releases person convicted of a crime for court supervision in the community through a probation agency. People on probation usually must follow specific rules, such as have no contact with named individuals and fulfill specific conditions such as participate in a drug treatment program. Conditions of probation can also include financial conditions such as the payment of fines, fees, court costs or specific program participation costs. If the person fails to comply with rules or conditions of parole, he or she may be incarcerated.

**Probation officers:** Monitor people convicted and released under court supervision; in some jurisdictions, may provide community supervision for people who are under the oversight of a treatment court program.

**Process evaluation:** A component of a program assessment that documents and examines a project's activities, using qualitative and quantitative methods to determine how closely the intervention was implemented as planned. A process evaluation might also document how cultural, sociopolitical, legal, and economic contexts affect program implementation and outcomes.

**Process monitoring:** A term used to refer to the gathering of information on all aspects of a project or program to check on how project activities are progressing. It provides information on the progress of the project to the funders, program staff, and consumers or clients and can be used to refine or revise a program plan.

**Program Collaboration and Service Integration (PCSI):** A mechanism of organizing and blending interrelated health issues, activities, and services to maximize public health impact through new and established linkages between programs to facilitate the delivery of services.

**Promising practices:** Programs or practices that have demonstrated or promise success and that merit evalua-

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tion or analysis to determine if aspects should be replicated. They are short of “best practices” because they have not yet been widely evaluated.

**Promising program:** An intervention program that has an emerging or limited research base supporting its effectiveness. Promising programs are not considered “evidence-based” until additional evaluation research is completed to clarify its short- and long-term outcomes and impact on groups receiving the intervention.

**Prophylaxis:** Prevention or protection against disease.

**Prosecution:** The process of legal proceedings to resolve a criminal case (with one or more charges) against a defendant.

**Protected health information:** Any identifiable information about an individual’s health condition, receipt of health care services, or payment for such services that is gathered by a Covered Entity (or Business Associate of a Covered Entity) according to HIPAA.

**Psychosocial treatment:** Treatment including structured counseling, motivational support, case management, care-coordination, psychotherapy, and recurrence or relapse prevention.

**Public Defender:** An attorney assigned to an individual unable to afford a private attorney

**Public Health Reporting:** A system to notify public health agencies and to monitor the incidence and distribution of communicable, environmental, occupational and other dangerous disease occurrences in populations, as well as factors determining that distribution

**Purity:** The proportion or percent of active drug in a preparation.

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### R

**Rapid Re-Housing:** A housing intervention for individuals and families who have recently become homeless, which attempts to connect them with permanent housing as quickly as possible. The intervention consists of a tailored package of services that may include assistance in locating affordable housing, temporary rental assistance, and targeted medical, legal, or social services.

**Rapid testing:** Testing technology that allows persons to be tested for HIV or HCV and know their status during the same visit, usually in less than an hour. Analogous to “point-of-care” testing.

**Reactive Test Result:** A reactive test result indicates that signs of the condition being tested for are present.

**Recent HIV infection:** The period of HIV infection that is defined by a laboratory-based recency assay and usually occurs within six months of infection.

**Registering:** A term that refers to an injection practice where the person inserts the needle then draws back the plunger of the syringe to look for blood to ensure that the needle is in the vein.

**Regulated medical waste (RMW):** Also known as “biohazardous” waste or “infectious medical” waste, is the portion of the waste stream generated by health care facilities that may be contaminated by blood, body fluids, or other potentially infectious materials that may pose a significant risk of transmitting infection and endangering human health.

**Relapse:** The recurrence of a disease after a period of remission or apparent recovery.

**Residential substance use disorder (SUD) treatment center:** A facility that provides substance use treatment in a setting where the clients live on site. Some residential treatment centers limit services to only substance

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abuse while others treat people who have more than one diagnosis, for example, substance use disorder and mental health diagnosis. Residential treatment can be short-term (30 days or less) or long-term (more than 30 days). The length of residential therapy can depend on the person's substance use history, co-occurring health issues, and other factors, including insurance coverage.

**Risk network:** A group of persons among which communicable disease transmission has occurred and could be ongoing.

**Rolling Papers:** Thin paper used to roll tobacco, marijuana and other substances to smoke

### S

**Sample:** A specimen of fluid, blood or tissue collected for analysis on the assumption that it represents the composition of the whole.

**Scabies:** An itchy skin condition caused by a tiny burrowing mite called *Sarcoptes scabiei*. The mites dig a burrow into the upper layers of skin and cause intense itching. A person may notice tiny, red, irregular lines just under the skin, have an allergic rash, and feel a powerful urge to scratch at night.

**Screening test:** A test used to identify individuals in a population who may have a specific disease or condition and need confirmatory testing. Screening tests can be performed rapidly, are usually inexpensive, and are suitable for large-scale application.

**Secondary exchange:** A syringe exchange program practice or model where people may come to a syringe exchange program or SSP and exchange syringes and supplies for other people, such as family members,

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friends or peers. Allowing secondary exchange widens the reach of a program into communities because not everyone can attend a program in-person.

**Self-report:** A method of data collection where the participant reports their behavior, thoughts, feelings or disease status.

**Sensitivity of a test:** One of the measures of the accuracy of a test, specifically that a test correctly identifies a specific condition. The sensitivity of a test refers to the proportion of people who test positive for the disease among people who have the disease; or the percentage of true positives that are correctly identified by the test. Sensitivity and specificity work together to measure the accuracy of a test.

**Sentence:** The punishment ordered by a court for a defendant convicted of a crime

**Sentencing:** The process by which a person convicted of a crime is ordered to a specified punishment.

**Sepsis:** An overwhelming, life-threatening immune response to infection. Sepsis causes a systemic reaction that includes fever, chills, rapid heart rate, increased breathing rate, and possibly shock. Sepsis can also cause body organs, such as the kidneys or lungs, to fail.

**Septic arthritis:** An inflammation of a joint caused by infection. While it is usually caused by bacteria, it can also be caused by a virus or fungus that spreads through the bloodstream from another area of the body or an open wound. The condition is also known as infectious arthritis.

**Seroprevalence:** The overall occurrence of a disease or condition within a defined population at one time, as measured by blood tests (serologic tests)

**Serostatus:** A term that refers to the presence or absence of a specific substance, typically antibodies to a

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specific antigen measured in blood serum by a blood test. If the substance is detected, the term used is seropositive. If the substance is not detected, the person is seronegative.

**Sexual transmission:** The transmission of a disease from one individual to another as a result of sexual contact, for example, HIV, syphilis, and gonorrhea are sexually transmitted diseases (STDs).

**Sexually transmitted disease (STD) or sexually transmitted infection (STI):** An infectious disease that spreads from person to person during sexual contact. Sexually transmitted infections, such as syphilis, trichomoniasis, and HIV infection are caused by bacteria, parasites, and viruses.

**Sharps:** Items with corners, edges, or projections capable of cutting or piercing the skin, such as syringes with needles.

**Sharps waste:** Used needles, syringes, and lancets.

**Shooting gallery:** A place where people go to buy and inject drugs. People can buy or rent needles and syringes. The needles or syringes in a shooting gallery may be returned to a common container and sold or rented again, leading to the spread of infections such as hepatitis B, C and HIV.

**Single-use device:** A device intended by the manufacturer to be used on one patient during one procedure

**Snorting:** In the context of drug use, when a tool, such as a straw or a rolled-up dollar bill, is used to inhale a drug into the nose where the drug is absorbed through the nasal tissue into the bloodstream.

**Social networks:** Social structures made up of individuals (or organizations) that are connected by one or more specific types of relationship, such as friendship, common beliefs, interests or dislikes, sexual relationships or financial exchanges. The individuals or organizations in a social network are called “nodes”.

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**Specificity:** The probability that a medical test will correctly produce a negative test result for a person who does not have the condition being tested; a specific test is one that produces true negative results.

**Speed:** (See amphetamine)

**Spoons:** In the context of injection drug use, a spoon may be used to heat up and mix drugs before injecting. Law enforcement may consider this item drug paraphernalia.

**Staphylococcus aureus:** Commonly called “staph,” this term refers to bacteria that often live in the nose or on the skin of healthy people. When these bacteria get into the skin or invade other parts of the body, they can cause an infection, called a “staph infection”. When staph bacteria are resistant to methicillin type of antibiotics, they are referred to as “methicillin-resistant staph aureus” or MRSA.

**Standard of Care:** Treatment that subject matter experts agree is appropriate, accepted, and widely used for a given disease or condition. Also called best practice or standard therapy.

**Stigma:** Negative beliefs and attitudes associated with a specific situation, characteristic, condition, or person; Stigma negatively affects the health and well-being of people who experience it.

**Stimulant:** A drug that increases movement or muscular activity by increasing the production of certain chemicals that transmit information from one nerve cell to another nerve, muscle, organ or other tissue.

**Straw:** In the context of drug use, a straw may be used to snort crushed up pills or powder such as cocaine, methamphetamine or heroin. Law enforcement may consider this item drug paraphernalia. Other items, such as a dollar bill, can be rolled and used for the same purpose.

**Stroke:** A serious medical event that occurs where there is a blockage or reduction of blood flow to the brain.

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It can be caused by a broken or blocked blood vessel. When the brain does not get enough oxygen, brain cells begin to die. Symptoms of a stroke include headache, trouble speaking, seeing or walking, numbness or paralysis of face, arm or leg. Recognition and early action can minimize brain damage and disability. A stroke results in a sudden loss of brain function, such as loss of consciousness, paralysis, or changes in speech. A stroke is a medical emergency and can be life-threatening. A person experiencing a stroke needs immediate medical attention.

**Subcutaneous injections (SC):** An injection into the fat layer under the skin

**Subject matter experts (SME):** Individuals who have expertise in a specific area, whether from a programmatic, governmental, research or evaluation, participant, or administrator perspective

**Sublingual:** Under the tongue

**Subsidized Employment:** A government-funded program that pays employers a portion of wage costs to encourage them to hire employees with significant barriers to employment, such as criminal justice systems involvement, substance use or health problems.

**Substance Abuse and Mental Health Services Administration (SAMHSA):** The lead federal agency charged with reducing the impact of substance abuse and mental illness in the United States. The agency provides grant funding to address issues of HIV, AIDS, and viral hepatitis.

**Substance Use Disorder (SUD):** A chronic, relapsing brain disorder characterized by recurrent substance seeking and use despite clinically significant impairment, including health problems, disability and failure to meet major responsibilities at work, school or home. It is considered a brain disorder because it functionally changes

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the parts of the brain involved with reward, stress and self-control, and these changes can be long-lasting. The changes in the brain can lead to the harmful behaviors seen in people who use drugs. It is also a relapsing disease, meaning that a person can return to drug use after even long periods of no substance use.

**Supervised consumption facility:** A type of harm reduction intervention that complements other community prevention, harm reduction and treatment efforts. These are legal and controlled settings where people have access to sterile injection equipment, naloxone, and can consume pre-obtained drugs under the supervision of trained staff members. Participants can also receive health care, counseling and referrals to health and social services at these sites.

**Supplemental Security Income (SSI):** A federal cash-assistance program for the elderly, blind, and people with disabilities who have little or no income.

**Supplemental testing:** A test performed that increases the reliability of reported test results or provides additional information about the sample.

**Supported employment:** A program for people with disabilities designed to help them integrate into the labor market by providing ongoing support services and accommodations.

**Surveillance:** The ongoing, systematic collection, analysis, interpretation, and dissemination of data about a health issue for public health action to reduce morbidity and mortality and improve health

**Syndrome:** A group of symptoms or conditions that when experienced together are associated with a specific disease or with the risk of developing a specific disease.

**Syphilis:** An infectious disease caused by the bacterium *Treponema pallidum* and typically transmitted through

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direct contact with a syphilis sore, usually during vaginal, anal, or oral sex. Syphilis can also be transmitted from a mother to her child during pregnancy. Syphilis sores (chancres) occur mainly on the genitals, anus, and rectum, but also the lips and mouth-genital sores caused by syphilis increase the risk of sexual transmission of HIV.

**Systemic:** A term that refers to the entire body. A systemic infection affects the whole body. Systemic drug therapy involves giving a drug that travels through the bloodstream and affects cells throughout the body.

**Syringe:** The syringe has three main parts: 1) The plunger that fits into the barrel of the syringe 2) The barrel is the chamber that holds the liquid (drug) and 3) The needle which is the thin metal that punctures the skin. Street names for syringe include rig or point.

**Syringe Exchange (SEP) or Syringe Service Program (SSP):** A program or intervention that supports the health of people who use drugs, and reduces overdoses and infections related to substance use. Activities conducted by SEP/SSPs include syringe access and disposal, screening for HIV and Hepatitis C, referral and linkage to social services, housing, substance use disorder (SUD) treatment, and medical and mental health care.

**Syringe prescription laws:** Refers to laws that require a prescription for the legal purchase or possession of a syringe by most or all buyers. Most syringe prescription laws have been repealed or amended to allow for the purchase of syringes without a prescription.

### T

**Tachycardia:** Abnormal rapid heartbeat. In adults, a rate over 100 beats per minute is usually considered

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tachycardia.

**Tachypnea:** Abnormally increased rate of breathing

**Task shifting:** A delegation process where tasks are moved, where appropriate, to less specialized workers to make more efficient use of resources, for example moving appropriate tasks from registered nurses to health educators. In health programs, task shifting redistributes tasks among healthcare or health program teams.

**Targeted media:** The provision of information through media (videos, radio shows, written materials, billboards, and websites) that are designed to reach specific populations.

**Tie:** Refers to a medical elastic band or something similar, such as a belt, that is used to decrease blood circulation to help locate a vein. Law enforcement may consider this item drug paraphernalia.

**Titer:** A laboratory test measure of the concentration of a substance in a solution, for example, an antibody titer measures the presence and amount of antibodies in a specific amount of blood.

**Tolerance:** The capacity of a person's body to endure or become less responsive to a drug over time. This change occurs with repeated use of a drug resulting in more of the substance needed to achieve the same level of response.

**Topical:** When a drug is applied to the outer surface of the body, such as the skin or mucous membranes.

**Tourniquet:** Refers to a medical elastic band or something similar, such as a belt, that is used to decrease blood circulation to help locate a vein. Law enforcement may consider this item drug paraphernalia.

**Toxicity:** The extent to which a drug causes adverse effects.

**Traditional Health Workers (THWs):** An umbrella term for frontline public health workers who work in a community

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or clinic under the direction of a licensed health provider. There are five specialty types of THWs: (1) community health worker, (2) personal health navigator, (3) a peer wellness specialist, (4) a peer support specialist and (5) birth doula.

**Transdermal:** When drugs are delivered through a patch placed on the skin

**Transmission:** The transfer (spread) of a disease or infection from person to person

**Transmission cluster:** A group of persons (diagnosed and undiagnosed) who have a direct or indirect epidemiological connection related to a communicable disease

**Transitional Housing:** An approach to providing temporary housing to people experiencing homelessness so that they can achieve certain therapeutic milestones.

**Treatment as Prevention (TasP):** A term that describes the reduced risk of HIV transmission that occurs when HIV medicines lower a person's viral load to undetectable levels. Treatment as prevention (TasP) reduces the risk of HIV transmission through sex or needle sharing, and from mother to child during pregnancy, birth, and breastfeeding.

**Treatment court:** Also called “problem-solving courts” or “specialty courts,” these courts have a specialized docket where programming is provided to people meeting eligibility criteria under court order and oversight. Common treatment courts include drug treatment court, mental health court, veterans court, and Driving While Impaired (DWI) court, among others. Treatment courts are voluntary and may be a pre-plea (charge is dismissed upon program completion) or a post-plea (conviction is removed from record upon program completion) type of court.

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**Trial:** A hearing that takes place when the defendant pleads “not guilty,” and the parties are required to come to court to present evidence before a judge and typically before a jury.

**Triangulation:** The analysis, and use of data from multiple sources obtained by different methods

**True Negative:** A negative test result that correctly indicates that the condition being tested for is not present.

**True Positive:** A positive test result that correctly indicates that the condition being tested for is present.

**Tuberculosis (TB):** An infection caused by the bacteria *Mycobacterium tuberculosis* and *Mycobacterium bovis*. Tuberculosis (TB) usually affects the lungs, but it can affect other parts of the body, such as the kidneys, spine, and brain. Tuberculosis (TB) spreads when a person with an active infection, called TB disease, coughs, sneezes, or speaks and a person nearby breathes in the bacteria. There are two forms of TB: latent TB infection and TB disease. In people with HIV, TB is considered an AIDS-defining condition.

**Tuberculosis disease:** The active form of tuberculosis (TB) infection. During TB disease, the bacteria multiply, become active, and make the person sick. A person with TB disease of the lungs can spread TB to others. TB disease primarily affects the lungs, but it can also affect other parts of the body, such as the kidneys, spine, and brain, and it can be fatal. Symptoms include a bad cough that lasts three weeks or longer, chest pain, coughing up blood or sputum, weakness, fatigue, loss of appetite, weight loss, fever, chills, and sweating at night. In people with HIV, TB disease is an AIDS-defining condition.

### U

**Undetectable Viral Load:** A term used when the amount of virus measured is too low to be detected by current

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viral load test technology.

**Universal Precautions:** An infection control term that refers to the practice of wearing appropriate equipment and clothing such as non-porous gloves, goggles, gowns or face shields to prevent exposure to potential blood-borne pathogens with every patient, every time. All human blood and certain human body fluids should be considered infectious for HIV, HBV, and other bacteria and viruses.

**Urinalysis (UA):** The physical, chemical, or microscopic examination of urine used to detect a specific substance, such as glucose, blood, or drugs in the urine

### V

**Vaccination:** A term that refers to the giving of a vaccine to stimulate a person's immune response.

**Vaccine:** A biological substance that when introduced into a body, triggers an immune response against a specific disease. A vaccine typically contains an agent that looks like a disease-causing microorganism. The agent may be made from weakened or killed forms of the microbe, its toxins, one of its surface proteins or a synthetic substitute. A vaccine that prevents a disease is called a preventive vaccine. A vaccine that treats a disease is called a therapeutic vaccine.

**Venipuncture:** The puncture of a vein through the skin in order to withdraw blood.

**Viral Load (VL):** The amount of virus, usually reported as copies, in a sample of blood.

**Viral Load Test:** A laboratory test that measures the amount of virus in a blood sample. Viral load results are reported as the number of copies in a specific amount of blood. Viral load tests can be used to diagnose infec-

## APPENDIX 6: GLOSSARY

tions, guide treatment choices and monitor response to treatments.

**Viral Suppression:** When antiviral therapy reduces a person's viral load to an undetectable level

**Viremia:** A medical term for the presence of a virus in blood, either associated with a cell or free in the bloodstream

**Virus:** A small infectious agent made up of genetic material, a protein coat and in some cases a membrane envelope. Viruses must infect and use a living host cell to replicate because they use the host cell's materials and processes. Viruses infect all types of living cells, and in humans often cause diseases such as measles, influenza, and the common cold.

**Vivitrol:** The brand name for extended-release injectable naltrexone.

**Vocational support:** The provision of peer support intended to promote a member's or a participant's competitive employment

**Vulnerability:** Term that refers to the degree to which a population, individual or organization is unable to anticipate, cope with, resist and recover from harm or threats.

### W

**Warm-line:** An alternative to a crisis line that is run by trained peers who have shared experiences and provide support.

**Water:** In the context of drug use, water is used to help break down, mix and cook drugs.

**Wellness training:** Training provided by, or sponsored by, a peer support agency intended to enhance a partic

## APPENDIX 6: GLOSSARY

patient's ability to recover, attain and maintain his or her emotional health and recovery.

**Window period:** The period from exposure to an infectious agent to when the body produces enough HIV antibodies to be detected by tests.

**Wound botulism:** A rare but serious paralytic illness caused by a nerve toxin that is produced by the bacterium *Clostridium botulinum*. Wound botulism occurs when a wound is infected with *Clostridium botulinum*. Botulism can be rapidly fatal and is a medical emergency.



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You can get this document in other languages, large print, braille or a format you prefer. Contact the Acute and Communicable Disease Prevention Program at 971-673-1111 or email [ohd.acdp@state.or.us](mailto:ohd.acdp@state.or.us). We accept all relay calls or you can dial 711.

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