

#### Appendix 4

Example activities to be conducted in the community setting (note this is not a comprehensive list):

Prevention Strategy	Example Activities
1A. Linkage to and retention in care	<ul style="list-style-type: none"><li>• Implementing peer support programs: providing training and support for peers working with disproportionately affected individuals to link and retain in care for OUD and StUD; implementing a navigation program for people at high risk of overdose; providing training and support for peers working with individuals newly engaged in MOUD care to support retention in care and engagement in long-term recovery.</li><li>• Ensuring PWUD have access to harm reduction through the use of navigators, warm hand-offs and education.</li><li>• Implementing low-barrier, culturally-relevant and innovative connections throughout community services and facilities such as libraries and faith-based organizations<ul style="list-style-type: none"><li>○ Partner with CBOs that focus on persons with lived experience and populations disproportionately affected by overdose and historically underserved.</li></ul></li><li>• Addressing barriers to care to facilitate engagement in prevention/treatment/long term recovery, such as providing vouchers for ridesharing services, connecting individuals to housing services, food banks and to mental health services including crisis centers and response teams, providing support services for individuals in programs for SUD care.</li></ul>
2A. Harm reduction	<ul style="list-style-type: none"><li>• Partnering with syringe service programs or infectious disease testing or treatment sites to offer comprehensive services. This includes staffing, infrastructure, and supplies. Funds must support naloxone education and distribution.<ul style="list-style-type: none"><li>○ Partnering with or implementing syringe service programs to improve access to services for groups disproportionately affected by overdose, either through program expansion, including mobile units, vending machines, mail order, outreach tools or colocation of services.</li><li>○ Supporting co-design of harm reduction programs with historically underserved or disproportionately affected communities, including people who use drugs.</li></ul></li><li>• Building and strengthening coalitions, including Drug Free Communities and recovery coalitions, that strengthen the local harm reduction environment and access to life-saving strategies such as fentanyl test strips, naloxone and care for other sequelae of drug use.</li><li>• Developing a network to provide naloxone and fentanyl test strip distribution or other drug checking technology approved by CDC.<ul style="list-style-type: none"><li>○ Developing systems for naloxone distribution that prioritize the highest risk populations.</li></ul></li></ul>

	<ul style="list-style-type: none"> <li>• Informing and educating local decision makers on the science of harm reduction strategies by providing scientific evidence and locally-generated data.</li> <li>• Developing communications that quickly and efficiently communicate findings from drug checking surveillance or other local data sources (e.g. ODMAP) to people who use drugs and others engaged in harm reduction, treatment, and recovery activities.</li> </ul>
3A. Stigma reduction (optional)	<p>Implementation of an anti-stigma program for the local health department and/or health system employees</p> <ul style="list-style-type: none"> <li>• Campaigns designed to change social norms and attitudes about people who use drugs, substance use, harm reduction, or recovery from SUDs. <ul style="list-style-type: none"> <li>○ Trainings on trauma-informed or trauma-sensitive approaches to services or care for PWUDs that focus on stigma reduction.</li> <li>○ A public awareness campaign focusing on humanizing the lived experience of people living with substance use disorders.</li> <li>○ Media training to ensure reporting on people who use drugs does not use stigmatizing language.</li> </ul> </li> <li>• Building opportunities to connect local SSPs to the community to reduce stigmatizing attitudes towards these services and to better connect these services to community health services</li> <li>• Reducing stigma towards naloxone use while educating the public on naloxone access and use, in conjunction with educating about the availability of effective treatments for SUD</li> <li>• Training on Good Samaritan Laws or other policies that affect PWUDs for any community member or organization to reduce stigma towards overdose prevention</li> </ul>