



Harm Reduction and Syringe Services Programs **Save Lives**

VA



U.S. Department of Veterans Affairs
Veterans Health Administration
PBM Academic Detailing Services

VISN 12 Academic Detailing Service

Harm Reduction and Syringe Services Programs for Safer Drug Use and Infection Prevention

A VA Clinician's Guide

VA



U.S. Department
of Veterans Affairs

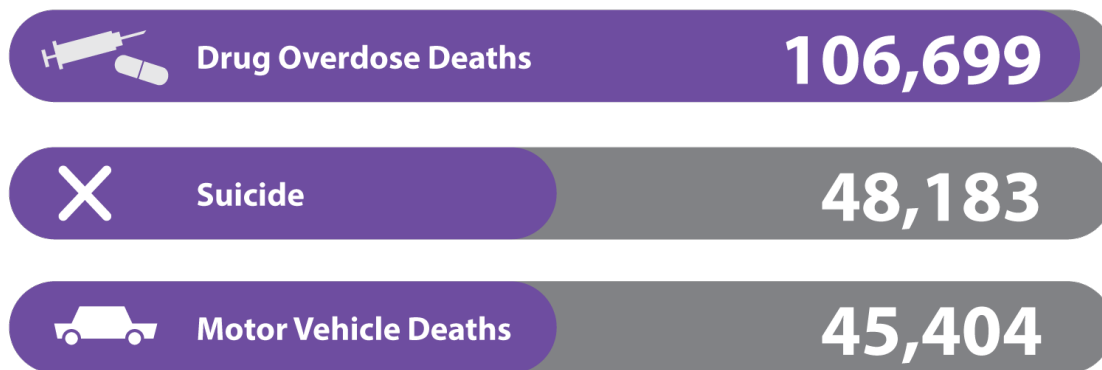
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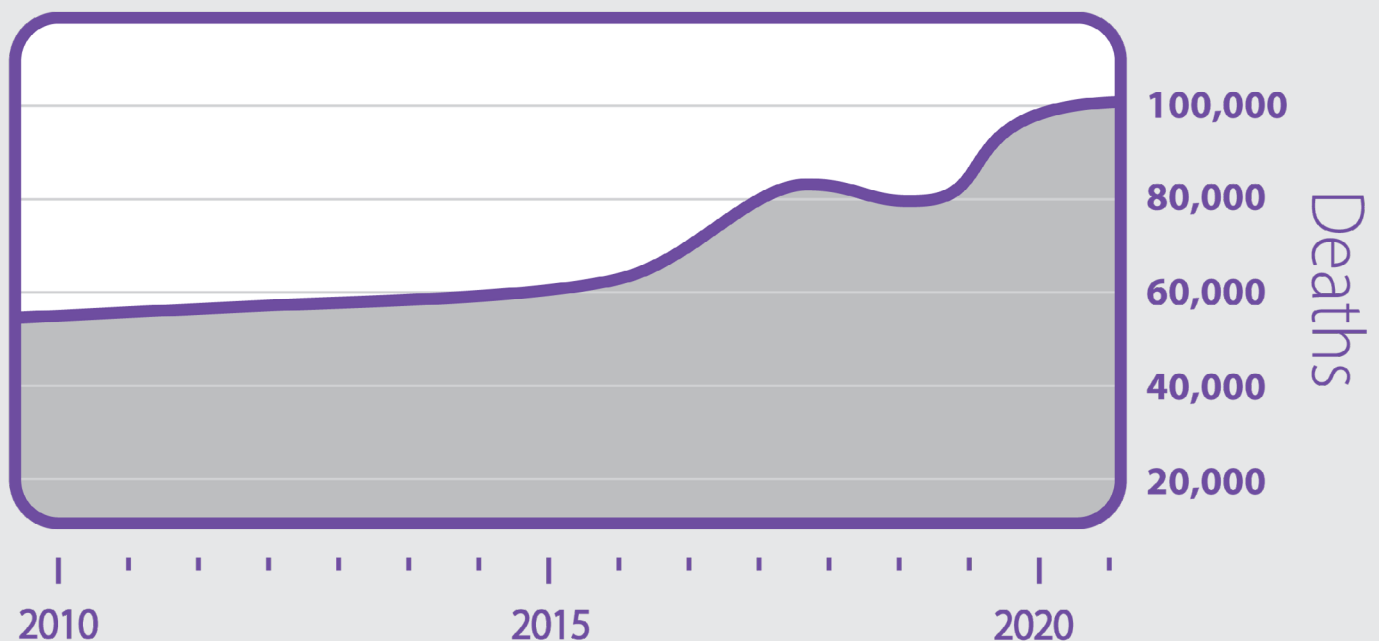
Drug Overdose Deaths

In 2021, the number of deaths from drug overdose has exceeded any previous year. Over 75% of these overdose (OD) deaths involved an opioid. Overdose deaths accelerated during the COVID-19 pandemic, with synthetic opioids, namely fentanyl, driving the increase. In addition to opioids, nearly half of all OD deaths involved a stimulant with or without opioid involvement. The number of deaths involving stimulants has increased steadily since 2014.¹

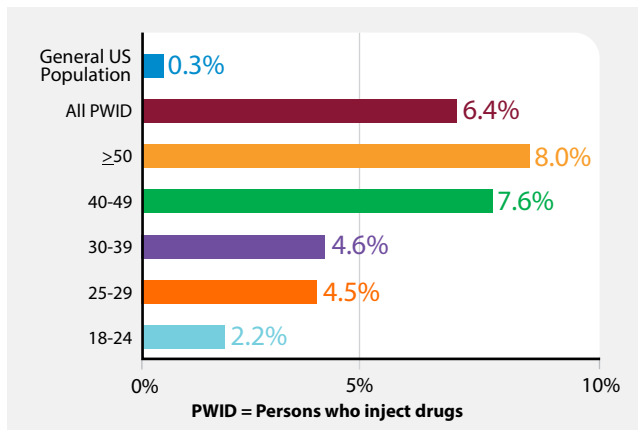
106,699 people died from drug overdoses in the U.S. in 2021²



U.S. Drug Overdose Deaths Rose 15% from 2020 to 2021.¹



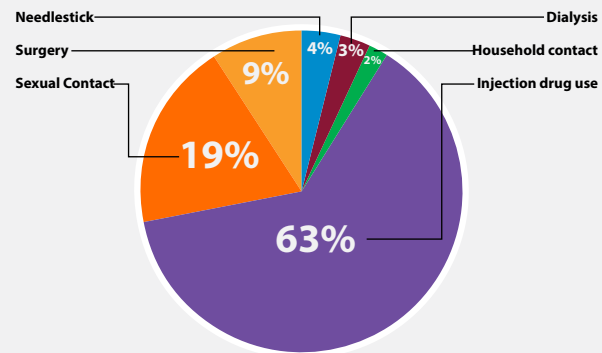
HIV, Viral Hepatitis, and Other Infections



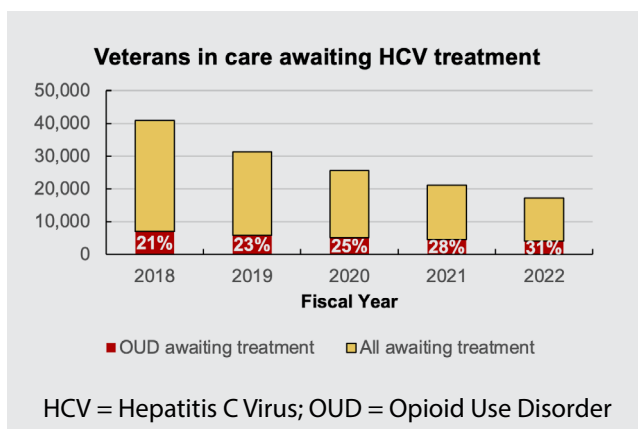
People who inject drugs are over **20** times more likely to have Human Immunodeficiency Virus (HIV) infection than the general US population

Source: CDC, HIV Surveillance Special Report 24

In 2019, almost **2/3** of acute hepatitis C cases in the U.S. were among people who inject drugs



Source: CDC National Notifiable Diseases Surveillance System



Opioid use disorder (OUD) affects almost **1/3** of Veterans with chronic hepatitis C who remain to be treated

Source: VHA Hepatitis C Data Cube Provided by: VA HIV, Hepatitis, and Related Conditions Programs

Addressing Stigma

Substance Use Disorders (SUDs) are more stigmatized than other health conditions and are often mis-characterized as a moral and criminal problem.⁴ These views erode self-worth, create social isolation, and reduce access to care, which exacerbate the problem.⁵



Providers can incorporate simple language changes to strengthen patient-provider relationships and improve access to care.⁸ Be mindful that patients with SUD often have histories of trauma. It is also important to understand “recovery” is personally defined and can look many ways, such as using in moderation or using more safely. Abstinence is not the ONLY path to recovery. Resources including [Addictionary® – Recovery Research Institute \(recoveryanswers.org\)](https://www.recoveryanswers.org/) and [Words Matter: Preferred Language for Talking About Addiction | National Institute on Drug Abuse \(NIDA\) \(nih.gov\)](https://www.nida.nih.gov/words-matter) can assist with differentiating stigmatizing and non-stigmatizing language

Addressing Stigma Through Language:^{9,10}

Ways to Address Stigma	Instead of this:			Consider this:
Use Person First Language	Abuser Addict	Alcoholic Drunk	Junkie User	Person with a substance use disorder
Avoid Judgmental Terminology	Abuse			Misuse or use
	Drug Habit			Substance use disorder or drug addiction
	Problem			Risky, unhealthy, harmful use
	Relapse			Has recently reported use or recurrence of use
	Clean			Not drinking or taking drugs
				Person in recovery
	Clean/Dirty Drug Screen			Urine drug screen was negative/positive.
Be Supportive	There is no cure			Treatment of chronic illnesses, including SUD, reduces negative health effects. Affirm any positive change the Veteran is willing to make.
				Focus on helping Veterans protect their health while using drugs. Offer testing for HCV and HIV: HCV is curable. HIV is preventable and treatable. Offer Hepatitis A and B vaccination.

For additional common terms and accepted language, please see Appendix A.

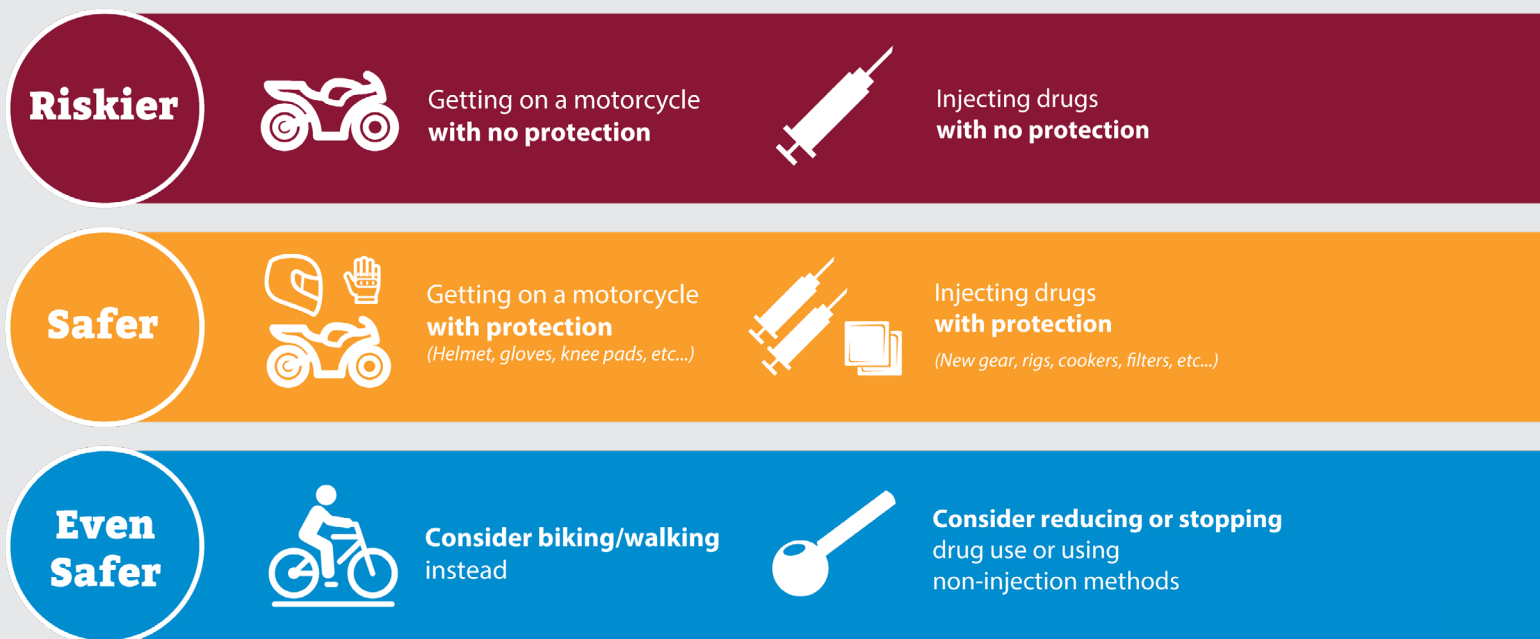
Change language used to reduce stigma, reduce barriers to care, and strengthen patient-provider relationships.

Harm Reduction

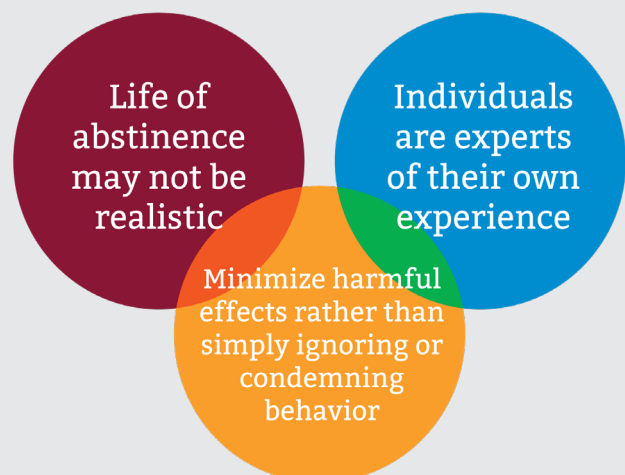
Broadly speaking, harm reduction is any strategy people use to reduce the negative consequences associated with certain behaviors. Everyday examples include helmets, seatbelts, and sunscreen. Harm reduction is not an alternative to abstinence or treatment but is part of a continuum of options that help reduce the negative health consequences of substance use. Like with helmets or seatbelts, harm reduction for substance use does not suggest we are encouraging dangerous behavior, merely that we are acknowledging the potential of risk. It includes a range of options to reduce risk, including naloxone to reverse opioid overdose, sterile injection equipment to prevent infection, and fentanyl test strips to test drug supply for fentanyl contamination. Harm Reduction meets Veterans at their motivational level and keeps them alive while continuing to promote healthier behavior. Only living people have the opportunity to pursue recovery.¹

“A set of practical strategies and ideas aimed at reducing negative consequences associated with drug use”

– National Harm Reduction Coalition



Principles of Harm Reduction¹¹



Syringe Services Programs¹¹

Syringe Services Programs (SSPs) are an evidence-based application of harm reduction widely endorsed by the US Surgeon General, National Institutes of Health, and World Health Organization. SSPs provide more than just injection supplies. They may offer naloxone, HIV and viral hepatitis testing and linkage to care, HIV prevention services such as Pre-Exposure Prophylaxis (PrEP), vaccination against hepatitis A and B, non-injection supplies, and access to SUD treatment and supportive services.

Myths	Facts
"Removing the harmful consequences of unhealthy behavior enables unhealthy behavior."	The harmful consequences associated with unhealthy behavior are uncertain and delayed, and therefore not very influential on behavior. These consequences do not interrupt the immediate rewards from unhealthy behavior. Worse, they may complicate recovery (e.g. severe comorbidities) or make it impossible (e.g. death).
"SSPs increase drug use and risky behaviors."	SSPs increase the likelihood of treatment by 5-fold.
	SSPs are associated with a 50% reduction in the transmission of HIV/HCV among people who inject drugs (PWID) and a 66% reduction in transmission of HIV/HCV when combined with medications for OUD. ¹⁴
	SSPs increase the likelihood of reducing or discontinuing injection drug use by almost 3-fold.
"SSPs increase discarded needles in public spaces."	SSPs are associated with safer and more proper disposal versus receiving syringes from other sources.
"SSPs increase crime."	Studies have found no difference in crime rates between areas with and areas without SSPs.

Demystifying Effects of SSPs¹³⁻¹⁵

To check laws and regulations:

- Consult your VA Office of General Counsel (OGC) District Chief Counsel prior to SSP implementation: dvagov.sharepoint.com/sites/OGC-Client/SitePages/Home.aspx
- Along with OGC consultation, sites may reference the Syringe Services Programs Summary of State Laws (Legislative Analysis and Public Policy Association): <https://legislativeanalysis.org/syringe-services-programs-summary-of-state-laws/>

To check for community SSPs in your area:

- North America Syringe Exchange Network (NASEN) <https://nasen.org/>

"Recovery is any positive change."

– Dan Bigg, Chicago Recovery Alliance

Harm Reduction Strategies: What can you do?

<p>VA SSP^{*16-18}</p> <p>Key Components</p> <ul style="list-style-type: none"> • Alcohol pads • Cotton • Sharps container • Syringes <p>Sample Additional Components</p> <ul style="list-style-type: none"> • Ascorbic acid tablets • Bandages • Fentanyl test strips • Naloxone • Safety lock box <p><i>*Components may vary by site</i></p>	<p>Offer sterile needles and supplies to decrease the transmission of blood-borne infections such as HIV and HCV, bacterial skin and soft tissue infections, and infective endocarditis. Offer ascorbic acid tablets as an alternative to lemon juice and vinegar to dissolve cocaine and heroin. Ascorbic acid causes less damage to veins and reduces risk of life-threatening infections.</p> <p>You CAN prescribe for a Veteran to receive syringes from VA. Check with your local facility leadership to see how supplies can be provided.</p> <p>Provide education and discuss the key strategies to reducing harm. Safer Injection Practices for People who Inject Drugs (va.gov)</p>
<p>Community SSP</p>	<p>Refer to community SSPs (e.g. if Veterans prefers to receive SSPs outside of VA or for non-Veteran family and friends of the Veteran). NASEN Directory</p>
<p>Overdose Education and Naloxone Distribution (OEND)¹⁹</p>	<p>Review how to prevent, recognize, and respond to an opioid overdose and prescribe naloxone to reverse the effects of overdose to all patients at risk.</p> <p>Refer to the VA PBM Naloxone Rescue: Recommendations for Use for examples of candidates for naloxone.</p> <p>The VA Rapid Naloxone Initiative provides free Opioid Overdose Education and Naloxone Distribution to Veteran patients at risk for opioid overdose.</p>
<p>Medication for Opioid Use Disorder (MOUD)²⁰</p>	<p>Prescribe or refer Veterans interested in medication for OUD. Buprenorphine and methadone each decrease mortality by 50%. As of January 2023, an X-waiver is no longer required to prescribe buprenorphine. To learn more about medications for OUD:</p> <p>https://pcssnow.org/medications-for-opioid-use-disorder/</p>
<p>Stimulant Use Disorder (StimUD)</p>	<p>Refer Veterans with a stimulant use disorder to specialty care. Interventions including Cognitive Behavior Therapy for Substance Use Disorder (CBT-SUD) and Contingency Management have been associated with reductions in frequency of stimulant use, quantity of stimulants consumed, stimulant cravings, and risky sexual behaviors.</p> <p>Please refer to the Stimulant Use Disorder Clinician Guide found on the Academic Detailing Stimulant Use Disorder Campaign Page for additional information. For more information on Contingency Management, please visit the Contingency Management Sharepoint. For more information on CBT-SUD, please visit the CBT-SUD Sharepoint.</p>
<p>Fentanyl Test Strips¹⁸</p>	<p>Fentanyl test strips are used to identify the presence of fentanyl in illicit drugs, whether in pill, powder, or injectable forms. Detection of fentanyl in the drug supply can help decrease the risk of unintentional exposure and overdose.</p> <p>For more information on fentanyl test strips, please refer to the SUD Sharepoint.</p>

“Shame keeps people quiet. Stigma keeps people from getting help.”

– Unknown

Harm Reduction Strategies: What can you do?

Continued...

Infection Prevention	<p>Offer vaccines to people who use drugs (PWUD) and people who inject drugs (PWID) for:</p> <ul style="list-style-type: none">• Hepatitis A (PWUD/PWID)• Hepatitis B (PWID) <p>Consider offering vaccinations for COVID-19, human papilloma virus (HPV), influenza, pneumonia, tetanus/diphtheria/pertussis, and shingles for those over 50 years.</p> <p>Consider offering PrEP for PWID, including those without sexual risk behavior</p>
Infectious Disease Screening²¹	<p>Screen all Veterans at risk for drug misuse and those with a substance use disorder for infections related to substance use.</p> <ul style="list-style-type: none">• HIV• Sexually transmitted infections (STIs)• Tuberculosis• Viral hepatitis
Sexual Health²²⁻²⁹	<p>Conduct a sexual health history and offer medications and supplies for safer sex to reduce the risk of HIV and other STIs.</p> <ul style="list-style-type: none">• Condoms (internal/external)• Dental dams• HIV transmission prevention therapy<ul style="list-style-type: none">• Pre-Exposure Prophylaxis (PrEP) daily reduces HIV risk among PWID by 74%.• Post-Exposure Prophylaxis (PEP)• Lubricant (non-oil based)
Behavioral, Medical, and Social Support	<p>Discuss what other treatments and support your patient would like to engage in as part of his or her recovery.</p> <ul style="list-style-type: none">• Infectious Disease Clinic• Liver Clinic and/or Hepatitis C Clinic• Mental Health• Pain Management• Social Work (housing, transportation)• Substance Use Disorder Treatment• Whole Health• Wound Care
Patient Education²⁵	<p>Counsel patients on strategies to help reduce harm when providing harm reduction supplies and services including:</p> <ul style="list-style-type: none">• Always carry naloxone, and ensure those around you know where it is and how to use it• Never use alone• Do not share or reuse injection equipment or supplies• Take it slow, especially after not using for any period of time• Use less• Try an alternative to injecting, e.g., smoking or snorting• Test your supply for fentanyl, if possible• Stay well-hydrated, nourished, and rested• Seek healthcare assessment early to address fever, shortness of breath, chest pain, difficulty walking, altered speech, new or worsening wound or infection• See additional resources on Page 10

Utilize VA and local SSPs as an evidence-based method to reduce the negative effects of substance use. Remember abstinence is not the ONLY path to recovery.

Starting the Conversation

Identifying substance use is an essential component to a person's overall care. Substance use can interact with prescription medications, affect a person's functioning, and impact a person's ability to engage in care. Remember, it is important to build long lasting relationships with our patients. As providers we need to meet patients where they are and keep our doors open for future conversations about harm reduction and recovery.

Motivational Strategies and Example Language

Raise the Subject	<p>Ask about substance use in a non-judgmental and open manner.</p> <ul style="list-style-type: none">• Where they use and with whom: "In the last six months, which of these drugs have you used? Do you typically use these with other people or alone?"• Routes of use, including supplies: "Please tell me how you use the drug."• Why they use and perceived benefits (e.g., euphoria, increased attention, energy, to stay awake, sex work, sexual desire): "Tell me about the effects of the drug you find helpful or pleasurable." "What part of using would be the most difficult for you to give up?"• Negative experiences: "Tell me about a negative experience or side effect you've had from using."• "Share with me a time you used too much. How did you realize it was too much?"• "What barriers to cutting back use do you foresee?"
Provide Feedback	<p>"As your provider, I want to make you aware of how using <insert drug> can impact your health and possibly contribute to the health problem you came in for today...Sharing injection equipment increases risk of HCV, HIV, & endocarditis."</p>
Enhance Motivation	<ul style="list-style-type: none">• "What do you see as possible benefits to using less drugs?"• "What changes are you willing to make?"• If patient indicates no changes, "What reasons would make a change worth considering?"• Always reflect, affirm, and ask the patient to elaborate on the Veteran's responses that are consistent with an supportive of changes in drug use.
Negotiate Plan	<ul style="list-style-type: none">• "What would make you consider cutting back?"• "What steps can you take to make your drug use safer?" Again, reflect, affirm, and ask for elaboration.• Consider harm reduction practices you can incorporate. "How many times do you use needles? How often do you share needles?"• "How interested are you in receiving new needles as part of our SSP program?"

Start the conversation about substance use, then offer supplies and services to reduce harm associated with use.

Key Messages:

1. Change language used to reduce stigma, reduce barriers to care, and strengthen patient-provider relationships.
2. Utilize VA and local SSPs as an evidence-based method to reduce the negative effects of substance use. Remember abstinence is not the ONLY path to recovery.
3. Start the conversation about substance use, then offer supplies and services to reduce harm associated with its use.

Additional Resources:

- Veterans Crisis Line 24/7: Dial 988 and press 1 or text 828255
- Never Use Alone Hotline: 1-800-484-3731, (www.neverusealone.com)
- Overdose Detection Apps: Brave App (www.thebraveapp.com); Canary App
- For more information on SSP evidence and effectiveness: [CDC Summary of Information on SSPs](#)
- [Visit the SSP SharePoint](#) for additional information and resources
- VA SSP SharePoint Site: [SSP Affinity Group](#)
- National Harm Reduction Coalition <https://harmreduction.org>
- [VA SSP Policies](#)
- [VA HIV SharePoint Home](#)
- [CDC Stop Overdose Campaign Patient Materials](#)

Appendix A: Definitions:

Below are key definitions to familiarize yourself with common SSP related verbiage.¹²

People who use drugs (PWUD):): an acronym used to refer to people who use drugs, and generally preferred as “person-first” non- stigmatizing language.

People who inject drugs (PWID):): an acronym used to refer to people who inject drugs and generally preferred as “person-first” non- stigmatizing language, which is recommended.

People with lived experience: while this term can be used more broadly, in the SSP context, it is used to refer to a person with current or former experience of substance use, typically a PWID.

Harm reduction: an approach to policies, programs, or practices that aim to reduce the negative health and social impacts of substance use.

Injection equipment (aka “works”): equipment involved in injecting drugs including cookers, cottons, water, and alcohol wipes. This equipment is typically distributed along with syringes at an SSP to prevent bloodborne disease transmission.

Needle exchange: another term for SSPs, less preferred by some because of its focus on needle distribution (less accurate than syringe distribution) and implication of 1:1 exchange (not a recommended practice).

Needs-based distribution: a best practice regarding syringe distribution that allows participants as many syringes as they say they need, regardless of how many syringes they return to the SSP for disposal.

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References:

1. U.S. Overdose Deaths in 2021 Increased Half As Much As In 2020 – But Are Still Up 15%. [Centers for Disease Control and Prevention](#). Published May 11, 2022. Accessed February 5, 2023.
2. All Injuries. Centers for Disease Control and Prevention/National Center for Health Statistics. [FastStats–All Injuries](#). Updated February 1, 2023. Accessed March 6, 2023.
3. Suicide and Self-Harm Injury. Centers for Disease Control and Prevention/National Center for Health Statistics. [FastStats–Suicide and Self-Inflicted Injury \(cdc.gov\)](#). Updated January 18, 2023. Accessed March 6, 2023.
4. Room, R., Rehm, J., Trotter, R. T. II, Paglia, A., & Üstün, T. B. (2001). Cross-cultural views on stigma valuation parity and societal attitudes towards disability. In T. B. Üstün, S. Chatterji, J. E. Bickenbach, R. T. Trotter II, R. Room, & J. Rehm (Eds.), *Disability and culture: Universalism and diversity* (pp. 247–291). Seattle, WA: Hofgrebe & Huber.
5. Van Boekel, L. C., Brouwers, E. P., van Weeghel, J., & Garretsen, H. F. (2013). [Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: systematic review](#). *Drug and Alcohol Dependence*, 131(1/2), 23–35. doi:10.1016/j.drugalcdep.2013.02.018.
6. Kane JC, Elafros MA, Murray SM, et al. [A scoping review of health-related stigma outcomes for high-burden diseases in low- and middle-income countries–PubMed \(nih.gov\)](#). *BMC Med*. 2019 Feb 15;17(1):17. doi: 10.1186/s12916-019-1250-8. PMID: 30764819; PMCID: PMC6376728.
7. Adams JM, Volkow ND. [Ethical Imperatives to Overcome Stigma Against People With Substance Use Disorders | Journal of Ethics | American Medical Association \(ama-assn.org\)](#). *AMA J Ethics*. 2020;22(8): E702-708. doi: 10.1001/amajethics.2020.702.
8. Broyles, L. M., Binswanger, I. A., Jenkins, J. A., Finnell, D. S., Faseru, B., Cavaola, A., Gordon, A. J. (2014). [Confronting inadvertent stigma and pejorative language in addiction scholarship: a recognition and response](#). *Substance Abuse*, 35(3), 217–221. doi:10.1080/08897077.2014.930372.
9. Boston Medical Center. Reducing Stigma: Why Words About Addiction Matter. Grayken Center for Addiction. Available at: <https://www.bmc.org/addiction/reducing-stigma>. Published 2019. Accessed: July 12, 2021.
10. Kelly JF, Wakeman SE, Saitz R. [Stop talking ‘dirty’: clinicians, language, and quality of care for the leading cause of preventable death in the United States](#). *Am J Med*. 2015;128(1):8-9.
11. National Harm Reduction Coalition. Principles of Harm Reduction. <https://harmreduction.org/about-us/principles-of-harm-reduction/>. Revised 2020. Accessed November 17, 2021.
12. Rx Files. Objective Comparisons for Optimal Drug Therapy. Questions About Injecting Drugs and the Answers That May Surprise You. [harm-reduction-patient-booklet.pdf \(rxfiles.ca\)](#). Accessed December 17, 2021.
13. Centers for Disease Control and Prevention. Sterile Syringe Programs (SSPs) Fact Sheet. <https://www.cdc.gov/ssp/syringe-services-programs-factsheet.html>. Published May 2019. Accessed July 12, 2021.
14. Veterans Health Administration. Syringe Services Programs and Harm Reduction: Fact Sheet for VA Providers. [SSP provider factsheet.pdf](#). Published April 2021. Accessed November 17, 2021.
15. Veterans Health Administration. Syringe Services Programs (SSPs) Frequently Asked Questions. Available at: [05009598-Attachment–SSP_provider_faq \(002\).pdf](#). Published June 2021. Accessed November 17, 2021.
16. Vertava Health Editorial Team. Identifying A Heroin Needle: Dangers of IM And IV Injections. Vertava Health. Available at: [Identifying A Heroin Needle: Dangers Of IM And IV Injections \(vertavahealth.com\)](#). Revised on August 16, 2019. Accessed on October 14, 2021.
17. BC Centre for Disease Control. Acidifier (Vitamin C-Ascorbic Acid) and Injection Drug Use: Questions and Answers. Available at: [Acidifier \(Ascorbic Acid\) and Injection Drug Use: Questions and Answers \(bccdc.ca\)](#). January 2011. Accessed on October 14, 2021.
18. National Harm Reduction Coalition. Fentanyl: What You Need To Know. Available at: [Fentanyl Resources | National Harm Reduction Coalition](#). Accessed on October 14, 2021.
19. VA Pharmacy Benefits Management Services, Medical Advisory Panel, and VISN Pharmacist Executives in collaboration with the VA OEND National Support and Development Work Group. Naloxone Rescue: Recommendations for Issuing Naloxone Rescue [Naloxone HCl Nasal Spray (Narcan®) and Intramuscular Naloxone Kit] for the VA Opioid Overdose Education and Naloxone Distribution (OEND) Program November 2021. Available at: https://dvagov.sharepoint.com/sites/VHAPBM/Formulary/Clinical Guidance/Forms/AllItems.spx?q=naloxone&id=%2Fsites%2FVHAPBM%2FFormulary%2FClinical Guidance%2FClinical Recommendations%2FNaloxoneHCl Rescue Recommendations For Use_508.pdf&parent=%2Fsites%2FVHAPBM%2FFormulary%2FClinical Guidance&parentview=7 Accessed on January 24, 2022.
20. Veterans Health Administration PBM Academic Detailing Service. Identifying and Managing Opioid Use Disorder (OUD). Available at: <https://dvagov.sharepoint.com/sites/vhaacademicdetailing/ClassicMigration/Education%20Materials/OUD/Provider%20Education/OUD-%20Provider%20AD%20-%20Educational%20Guide%20IB-933%20P96813.pdf>. Accessed on October 14, 2021.
21. Centers for Disease Control and Prevention. Integrated Prevention Services for HIV Infection, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis for Persons Who Use Drugs Illicitly: Summary Guidance from CDC and the U.S. Department of Health and Human Services. *MMWR* 2012;61(RR-5);1-40. Available at: <https://www.cdc.gov/mmwr/pdf/rr/rr6105.pdf>. Accessed October 14, 2021.
22. Centers for Disease Control and Prevention. Safer Sexual Behavior. Available at: [Safer Sexual Behavior | Treatment, Care, and Prevention for People with HIV | Clinicians | HIV | CDC](#). Accessed on October 14, 2021.
23. National Coalition for Sexual Health. Sexual Health and Your Patients: A Provider’s Guide. Available at: [ProviderGuide.pdf Available online: \(nationalcoalitionforsexualhealth.org\)](#). Accessed on October 14, 2021.
24. Klapholz, G. People Who Inject Drugs Need and Deserve PrEP. Available at: [Legal Action Center | People Who Inject Drugs Need and Deserve PrEP](#). Accessed on October 14, 2021.
25. Veterans Health Administration. Safer Injection Practices for People Who Inject Drugs: Prevention is Power. Available at: [Safer Injection Practices for People who Inject Drugs \(va.gov\)](#). Accessed on October 14, 2021.
26. Substance Abuse and Mental Health Services Administration (SAMHSA). Screening, Brief Intervention and Referral to Treatment (SBIRT) in Behavioral Healthcare. Available at: [Evidence Supporting the Effectiveness of an SBIRT \(samhsa.gov\)](#). Accessed November 14, 2021



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