West Virginia has the highest fatal drug overdose rates in the nation.\(^1\) Reports nationwide suggest a significant increase in both fatal and non-fatal overdoses since the beginning of the COVID pandemic in early 2020.\(^2\) Data from the West Virginia Office of Drug Control Policy indicate that since the pandemic, the number of fatal and non-fatal overdoses has significantly increased in many counties.

In addition to overdose, one of the most concerning outcomes of intravenous drug use is disease. For example, an increased use of injected drugs leads to increased HIV rates. As reported by the West Virginia Office of Epidemiology and Prevention


Services, between 2013 and 2017, “the expected number of cases in Kanawha County per year is 14 with less than five cases associated with injection drug use.”\(^3\) However, a “[s]ignificant increase in new HIV diagnosis began in 2019[,] driven by cases associated with injection drug use (IUD).”\(^4\) While the total number of HIV diagnoses in the State as a whole has decreased from 2019 to 2020, cases in Kanawha County have increased. The West Virginia Office of Epidemiology and Prevention Services reported that since the beginning of 2019, Kanawha County has had 51 newly diagnosed cases of HIV associated with injection drug use.\(^5\) Additionally, the CDC reported that Kanawha County had 35 diagnosed cases of HIV in 2020, which is only one case less than the number of cases recorded in New York City, NY - an area with a population of over 8 million people - in 2019.\(^6\) Over 80% of HIV cases recorded in Kanawha County in 2020 report injection drug use. The total cost of lifetime HIV medical treatment in Kanawha County for those 51 individuals newly diagnosed with HIV since 2019 is $26,010,000.\(^7,8\)

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HIV is not the only concern. According to the US Centers for Disease Control (CDC), 28 of West Virginia' 55 counties (including Kanawha) are at risk for a Hepatitis C (HCV) outbreak, largely because of intravenous drug use. Hepatitis C is the No. 1 infectious-disease killer in the country. In West Virginia, rates of acute Hepatitis B increased 220 percent over seven years — 14 times the national average. In Kanawha County alone, there was a 322 percent increase in Hepatitis B cases from 2012 to 2015. In 2016, Kanawha County had the highest number of newly reported cases for both acute Hepatitis B Infection and acute Hepatitis C Infection.  

One way to prevent the spread of infectious disease and decrease overdose deaths is through the implementation and operation of harm reduction programs. As defined by the CDC, harm reduction is any behavior or strategy that helps reduce risk of harm to self or others. Harm reduction in relationship to substance use disorder (SUD) often refers to naloxone distribution, sexually transmitted disease testing and treatment, contraceptives, access to SUD recovery and treatment, and syringe exchange. Currently, the West Virginia Department of Health and Human Resources (DHHR) recognizes 18 harm reduction programs throughout the State. All of these programs include some type of syringe service program—more commonly called “needle exchange.”

Best practices suggest that harm reduction programs include syringe service programs (SSPs) that provide a wide range of services including linkage to primary care, SUD treatment, vaccination, and testing as well as needle exchange. Some programs require a 1:1 exchange (clients must return one needle for each needle dispensed). However, the CDC recommends a needs-based approach that does not limit the number of needles dispensed versus returned.

The CDC reports that SSPs result in an estimated 50% reduction in HIV and HCV incidence. And, when combined with medications that treat opioid dependence (also

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12 Centers for Disease Control. Syringe Services Programs. [https://www.cdc.gov/ssp/docs/SSP-Technical-Package.pdf?fbclid=IwAR0RxYyold2P24jiHdqRl6yP2tSqeitkeTDdj5JvV2xDmIMFShHEVrwO1-aA](https://www.cdc.gov/ssp/docs/SSP-Technical-Package.pdf?fbclid=IwAR0RxYyold2P24jiHdqRl6yP2tSqeitkeTDdj5JvV2xDmIMFShHEVrwO1-aA).
13 Centers for Disease Control. Syringe Services Programs. [https://www.cdc.gov/ssp/docs/SSP-Technical-Package.pdf?fbclid=IwAR0RxYyold2P24jiHdqRl6yP2tSqeitkeTDdj5JvV2xDmIMFShHEVrwO1-aA](https://www.cdc.gov/ssp/docs/SSP-Technical-Package.pdf?fbclid=IwAR0RxYyold2P24jiHdqRl6yP2tSqeitkeTDdj5JvV2xDmIMFShHEVrwO1-aA).
14 Centers for Disease Control. Syringe Service Programs (SSPs) Fact Sheet. [https://www.cdc.gov/ssp/syringe-services-programs-factsheet.html](https://www.cdc.gov/ssp/syringe-services-programs-factsheet.html).
known as medication-assisted treatment), HCV and HIV transmission is reduced by over two-thirds. These programs also serve as a bridge to other health services, including HCV and HIV testing and treatment and medication-assisted treatment for opioid use disorder.\textsuperscript{15} In addition, the majority of SSPs offer referrals to medication-assisted treatment, and new users of SSPs are five times more likely to enter drug treatment and three times more likely to stop using drugs than those who don't use the programs.\textsuperscript{16}

Despite documented outcomes and identification of best practices, SSPs are often controversial due to lack of community support, stigma surrounding SUD, and concerns about public safety. Some communities are able to overcome these barriers while others are unable to move forward.

**WV DII Initiative**

The Kanawha-Charleston area has been embroiled in debate regarding harm reduction and SSPs over the last three to four years. In response to community interest for additional conversation on this topic, the WV DII undertook an initiative to:

- Provide interested community citizens an opportunity to express their views on harm reduction;
- Consider those views in the light of national and state scientific research and evidence based practices;
- Provide WV DII’s harm reduction recommendations for moving forward; and
- Share these findings with City and County decision makers.

This report is focused on findings from the Kanawha-Charleston Area. Statewide data is offered as a comparison.

During January 2021, the West Virginia Drug Intervention Institute, Inc. (WV DII) conducted an analysis of community opinions on SUD, harm reduction and syringe exchange. The project did not assess or evaluate any specific program, but examined community perceptions and attitudes and determined gaps that exist in addressing SUD (specifically in Kanawha County).

\textsuperscript{15} Centers for Disease Control. Syringe Service Programs (SSPs) Fact Sheet. https://www.cdc.gov/ssp/syringe-services-programs-factsheet.html.

\textsuperscript{16} Centers for Disease Control. Syringe Service Programs (SSPs) Fact Sheet. https://www.cdc.gov/ssp/syringe-services-programs-factsheet.html.
Survey Methodology

The WV DII developed and released an anonymous, online, short survey available on the WV DII website (www.wvdii.org/harmreduction). The community was invited to participate through Facebook promotions (boosted posts on the WV DII Facebook page), two news stories that aired locally (via WOWK and WCHS) and an Op-Ed piece published in the Charleston-Gazette Mail. The survey was open to the public from January 8 through 22, 2021. In addition to three demographic inquiries (age, sex and zip code), the survey included the following questions:

- Have you or a loved one been impacted by intravenous (injection) drug use? Y/N
- Do you believe there should be needle exchange programs in your community? Y/N
- What programs are you aware of in your community that assist people who inject drugs? Short Answer
- Do you feel your community has adequate resources for persons suffering from addiction and intravenous drug use? Why or why not? Short Answer
- What are the dangers or harms needle exchange programs pose to the community? Short Answer
- What do you feel are benefits of needle exchange? Short Answer
- Would you be willing to contribute more to this conversation with a follow up phone call or by participating in a focus group? Y/N
- If yes, please share:
  1. Name
  2. Occupation
  3. Phone Number
  4. City and County of Residence

Questions for both the survey and the listening sessions were created following a meta-analysis of research on community responses to harm reduction. Survey data were collected through the online survey development software, SurveyMonkey, and ultimately exported to Excel.

Individuals wanting to participate in additional discussion (listening sessions or focus groups in late January) identified themselves at the end of the survey and shared contact information. Survey participants remained anonymous unless they chose to provide contact information at the end of the survey. The individuals who provided contact information were then filtered based on location.
The first three items on the survey, as noted above, collected demographic information on age group, sex, and zip code. The information from these items was sorted in Excel, counting the number of times each response was present.

Following the demographic items, two “yes” or “no” questions were posed. The first yes-no question asked: Have you or a loved one been impacted by intravenous (injection) drug use? The second yes-no question asked: Do you believe there should be needle exchange programs in your community? The results of these questions were analyzed by counting the number of “yes” responses and the number of “no” responses. Results were further filtered by county based on the zip code provided by the respondent.

The next four questions on the survey were open-ended short-answer. Each short answer was analyzed individually by first reading through each answer as a whole. After reading through all respondent answers, general categories were determined, and each answer was filed into a general category. In some cases a response was deemed to fit into multiple categories and was recorded as such.

Three, one-hour listening sessions were held in late January with a subset of survey participants. Listening sessions were facilitated by WV DII staff and the conversation was guided using the protocol outline in Appendix C. Due to the COVID-19 pandemic and to ensure the health and safety of all participants, the listening sessions were held via Zoom.

On January 10, 2021, the WV DII was informed that the Virginia Harm Reduction Coalition (VHRC) posted the survey to social media asking persons outside the State to complete the survey using Charleston zip codes. The WV DII President contacted the VHRC and asked them to cease and desist this action because it could threaten the integrity of the data. The VHRC complied and removed their post. On January 11, 2020, a clause was added to the survey stating that it was for West Virginia participants only. Before analyzing the data, additional steps were taken to ensure the integrity of the data collected. The WV DII team conducted a thorough examination of IP addresses and removed any of those addresses not associated with West Virginia. Surveys from non-WV IP addresses were removed and not included in the data analysis. WV DII also verified zip codes of those completing the survey.

**Listening Session Methodology**

There were 70 total individuals identifying from Charleston, West Virginia, who provided contact information. One individual did not provide a telephone number. One individual
did not provide a name. One individual did not live in Charleston, West Virginia. Consequently, 67 Charlestonians were recorded. The Charleston individuals were separated into two groups based on each respondent's answer to the survey question: Do you believe there should be needle exchange programs in your community? All respondents answering “yes” were placed into one category, and all respondents answering “no” were placed into another. The “no” group had 12 individuals, however, at least one individual out of those 12 provided an incorrect phone number. The “yes” group had 55 total individuals.

Individuals in the “yes” and “no” categories were sorted based on recorded age group. Starting with the “no” category, a member from each age group was called and offered the chance to join a listening session. The same was repeated for the “yes” category. Voicemails were left for those who did not answer with information on why the individual was being called and contact information on how to return the call. Those individuals in the “yes” category were more responsive in returning WV DII calls and signing up to participate in a listening session.

Three time slots were selected on three separate dates in late January. The time slots included a lunch time slot as well as two evening slots. Individuals were given their preferred time slot and date, so long as the listening session group did not exceed six persons. Ultimately, each listening session consisted of four persons. Out of 12 total participants, two were staunchly against harm reduction, two described themselves as “on the fence,” and the remaining eight supported some type of harm reduction or needle exchange.

**Results**

In an effort to validate and triangulate data, results have been placed in three categories:

1. Summative Survey Data which includes all surveys completed statewide.
2. Summative Survey Data which includes all surveys completed by Kanawha County residents.
3. Summative Analysis and Reporting of the listening sessions.

In total, 422 survey responses were collected. Five responses indicated ineligible zip codes. Accordingly, 417 responses were examined.

**Responses by West Virginia County**

Within the 417 responses, 38 West Virginia Counties are represented, including 80 unique West Virginia cities. Kanawha County had the highest number of responses,
totaling 267. Over 100 zip codes are represented in the survey results including 16 unique (mailing) zip codes from Charleston, West Virginia. Zip codes responding are highlighted in the map below. The zip code with the highest number of responses was 25314.

Responses by Sex
Just over 70% of survey respondents recorded their sex as female. Males comprised 28.54% of the survey responses, and less than .5% of respondents recorded “Other” as their sex.
Responses by Age
There were 112 responses that indicated an age range of 40-49. That age range represents the highest number of respondents. A close second, 104 responses indicated an age range of 30-39.

Responses to Yes-No Questions
When asked, “Have you or a loved one been impacted by intravenous (injection) drug use?” the majority of respondents (238 total; 57% of all survey respondents) indicated yes. Specifically looking at Kanawha County, West Virginia, the majority of
survey respondents indicated that they had been impacted by intravenous (injection) drug use, with 170 respondents (out of 267 total Kanawha County respondents) selecting yes.

When asked, “Do you believe there should be needle exchange programs in your community?” the majority of respondents (256 total or 61% of all survey respondents) indicated yes. Specifically looking at Kanawha County, West Virginia, the majority of survey respondents indicated that they believed there should be a needle exchange program in their community, with 153 respondents (out of 267 total Kanawha County respondents) selecting yes.
Responses to Open-Ended Questions
The first open-ended survey question asked respondents, “What programs are you aware of in your community that assist people who inject drugs?” Respondents offered 700 total mentions which were filtered into smaller categories. Across the state, respondents reported 105 programs (some of these were very general, such as “DHHR,” or “WV DII”). The top four responses were as follows:

- SOAR - 102 mentions
- NONE - 94 mentions
- Health Right Facilities - 93 mentions
- Health Departments (Statewide) - 41 mentions

Specifically in Kanawha County, West Virginia, the top four responses were as follows:
- SOAR - 101 mentions
- Health Right - 87 mentions
- NONE - 39 mentions
- Treatment Centers (Generally) - 23 mentions
The second open-ended survey question asked respondents, “Do you feel your community has adequate resources for persons suffering from addiction and intravenous drug use? Why or why not?” Overall, 68% of all respondents did not feel their community had adequate resources for persons suffering from addiction and intravenous drug use, while 21% of all respondents did feel adequate resources existed. In Kanawha County specifically, 68% of respondents did not feel their community had adequate resources for persons suffering from addiction and intravenous drug use, while 23% of respondents did feel adequate resources existed.

**DO YOU FEEL YOUR COMMUNITY HAS ADEQUATE RESOURCES FOR PERSONS SUFFERING FROM ADDICTION AND INTRAVENOUS DRUG USE? WHY OR WHY NOT?**

As noted in the survey question, respondents were asked to elaborate on their answer by discussing “why” or “why not.” For all participants who responded “No,” the top six answers were as follows:
- No, more programs, resources, and facilities are needed - 159 mentions
- No (no further explanation offered) - 72 mentions
- No, stigma plays a large role - 29 mentions
- No, more community, county, and state engagement is needed - 19 mentions
- No, SSPs lack finances and funding support - 15 mentions
- No, the rural setting makes it hard - 15 mentions

Specifically in Kanawha County, the top seven “No” responses were as follows:
- No, more programs, resources, and facilities are needed - 112 mentions
- No (no further explanation offered) - 42 mentions
- No, more community, county, and state engagement is needed - 15 mentions
No, stigma plays a large role - 15 mentions
No, there is a lack of understanding regarding addiction - 10 mentions
No, mental health needs to be addressed - 10 mentions
No, SSPs lack finances and funding support - 8 mentions

The top five “Yes” responses from all respondents were as follows:
- Yes, there are treatment options available - 39 mentions
- Yes (no further explanation offered) - 39 mentions
- Yes, there are resources available to those who want the help - 17 mentions
- Yes, but we need more tailored resources - 10 mentions
- Yes, the current programs are enabling - 3 mentions

Specifically in Kanawha County, West Virginia, the top five “Yes” responses were as follows:
- Yes (no further explanation offered) - 39 mentions
- Yes, there are treatment options available - 39 mentions
- Yes, there are resources available to those who want the help - 17 mentions
- Yes, but we need more tailored resources - 10 mentions
- Yes, the current programs are enabling - 3 mentions

The third open-ended survey question asked respondents, “What are the dangers or harms needle exchange programs pose to the community?” The total top four responses were as follows:
- Public Safety (including disregarded needles, waste, and general public concerns) - 240 mentions
- None - 117 mentions
- Increase in Crime and Persons Who Use Drugs - 117 mentions
- Enabling and/or Encouraging Persons Who Use Drugs to Continue - 70 mentions

Specifically in Kanawha County, West Virginia, the top four responses were as follows:
- Public Safety (including disregarded needles, waste, and general public concerns) - 201 mentions
- None - 61 mentions
- Increase in Crime and Persons Who Use Drugs - 78 mentions
- Enabling and/or Encouraging Persons Who Use Drugs to Continue - 40 mentions
The fourth and last open-ended survey question asked respondents, “What do you feel are benefits of needle exchange?” The top four responses total were as follows:

- Overall Harm Reduction and Decrease in Disease Transmission - 418 mentions
- None - 77 mentions
- Fewer Discarded Needles / Safe Places to Dispose of Needles - 47 mentions
- Lets People Know They Matter / Reduces Stigma - 32 mentions

Specifically in Kanawha County, West Virginia, the top four responses were as follows:

- Overall Harm Reduction and Decrease in Disease Transmission - 256 mentions
- None - 59 mentions
- Fewer Discarded Needles / Safe Places to Dispose of Needles - 23 mentions
- Lets People Know They Matter / Reduces Stigma - 18 mentions
Listening Sessions
Listening sessions are one way for researchers to directly engage with survey respondents to dig deeper into thoughts and opinions on a particular topic. Typically listening sessions are small in size to encourage deeper conversation about a topic. The listening sessions WV DII conducted in January 2021 included four participants per session (three sessions) for a total of 12 participants. The primary purpose of these sessions was to find people’s opinions beyond the survey data. The number of participants in the listening sessions represents 3% of all survey participants. This number is not overwhelming, but the results do provide a snapshot of community perceptions and attitudes.

The listening session conversations were guided by six (6) questions. Each participant was given the opportunity to respond to each of the questions posed. However,
participants were permitted to “pass” on commenting for any reason (with no requirement for an explanation). The questions were as follows:

1. Harm reduction has been in the news lately. With this in mind, what are your expectations or hopes for tonight’s discussion?
2. On a scale of 1 to 5 how important is it for communities to provide HR services (1 not important at all; 5 imperative)?
3. What is your number one concern regarding the presence of a syringe service or harm reduction program in Kanawha County?
4. Are there ways to address those concerns through ordinances, programs, outreach?
5. What kind of group or entity do you feel should take the lead role in addressing services for persons who inject drugs?
6. Is there anything else you’d like to contribute to this conversation?

In regard to question one, every participant indicated that they chose to participate in the listening sessions to learn more about harm reduction and share their perspective and experiences. In regard to question two, every participant rated harm reduction services as imperative (“5”). This was the case even if participants disagreed with how harm reduction was currently operating in the Kanawha-Charleston area.

The third question regarding concerns about harm reduction elicited more discussion. The most common concerns or themes that emerged from this conversation were: needle litter, stigma, and enabling. In some cases, participants indicated they did not personally have concerns, but they were aware of those expressed within the Charleston community specifically.

Moderators followed up with the fourth question asking how these concerns should be addressed.

- The majority of participants indicated that there must be a mechanism for needle disposal in public locations. There was also mention of needle resistant gloves for first responders and sanitation workers.
- The majority of participants indicated a need for education about harm reduction as well as proper needle disposal.
- Most participants indicated that ordinances should not preclude organizations from operating harm reduction or distributing syringes needed to prevent disease.
Participants discussed 1:1 exchange versus a more low-barrier program where there was no requirement for harm reduction participants to return needles. There was no consensus on this matter in regard to what is most appropriate.

Almost all participants suggested that these programs should follow national (CDC) and state guidelines for optimal effectiveness.

“I agree with X, I think an ordinance would be great – if anything the city could do to get behind, and support. For the city to say oh this isn’t our problem. Any size of department that is dedicated to what’s going on – it seems like it’s always the police. There was an overdose in Davis Park during Festivall and all of these police were diverted there and I thought it was ridiculous that it was a huge Charleston event and no one from the city was attempting to hand out and reach out to people struggling during that. Bare minimum, City to say hey this is really important, look at these numbers, we have to keep people safe. If the City just takes a stance then I feel like the citizens fall in line,” said one participant.

“Studies show that needle exchanges actually reduce syringe litter – I think for me, when we get around a heated topic and thinking: ‘I’m 100% correct and that’s the attitude I carry with me and so no one learns from me.’ I have to keep reminding myself that I need to be teachable. I need to look for the opportunity to teach and learn. If someone found syringe litter – that’s real! So where’s the solution for that? I think education – finding out where those gaps are and how to fill them without sacrificing humans. I’m not willing to sacrifice my neighbor for syringe litter. What I am willing to do is clean them up and educate. All of us are teachable. Education and meeting the misinformation and being aware of the very real fears,” said another participant.

Question five asked participants to indicate what entities and organizations should be responsible for harm reduction and addressing intravenous drug use in the community. Answers varied. However, two very consistent themes emerged. First, participants believed that no one organization can “own” harm reduction. The second was the need for public-private partnerships.

“We have Health Right, and we have SOAR,” said one participant (a school counselor). She went on to explain: “Even with those two organizations--one high barrier [requiring 1:1 exchange] and one low barrier, we still don’t have enough help for those struggling with addiction.”

“We need everyone working together and less infighting,” said another, an executive director of a non-profit
“This should not be a political issue. It’s a public health issue and all hands should be on deck,” said one participant, a health care provider.

“You won’t hear me say that my concerns are needle litter. I will say that we have two harm reduction organizations/programs that are happening in Charleston and how those could get better (and how other programs could get better) would be by working together and collaborating. I think that would be beneficial. There’s an unfillable hole here.” said one participant.

“Mental health needs to be involved in a large capacity. I think that if you want to talk about agency, the obvious choice would be the county health departments but I think that mental health professionals need to be involved in that – from personal experience, you’re self-medicating traumas with drugs, so in order for anyone to conquer that addiction there has to be someone there to address whatever pushed them there in the first place that then turned that into an addiction issue,” said another participate and business person.

“I don’t think the criminal justice system should be how they’re involved. I agree that there should be better avenues for treatment over punishment – esp. engaging in the mental health aspect. I don’t think that forcing someone into rehab is not going to be effective and I think that’s what the criminal justice system does. I think that pushing resources through the criminal justice system is helpful,” said another participant and community health worker.

“I’m not sure we’re in a position for anyone to take a leading role in that. We have limited resources – SOAR can’t take a leading role and there’s so many political aspects – we see it work with local health departments and also with non-profits. I’m not sure there should be a leading role – I think there should be a collaborative approach and working together,” explained another participant, a community volunteer.
### Listening Session Themes

<table>
<thead>
<tr>
<th>Concerns (Question 3)</th>
<th>Addressing Concerns (Question 4)</th>
<th>Who should take the lead? (Question 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needle Litter</td>
<td>Safe Needle Disposal Boxes (and availability of needle resistant gloves)</td>
<td>Kanawha Charleston Health Department</td>
</tr>
<tr>
<td>Enabling Drug Use</td>
<td>Education Regarding Stigma and Harm Reduction</td>
<td>Public/Private Partnerships and Collaborations</td>
</tr>
<tr>
<td>Stigma/Lack of Understanding of Harm Reduction</td>
<td>Education on safe needle pick-up and disposal</td>
<td>Health Right</td>
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<td></td>
<td>Ordinances should allow for harm reduction activities (not preclude them)</td>
<td>SOAR</td>
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<tr>
<td></td>
<td>Follow CDC and State Guidelines</td>
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</tbody>
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At the conclusion of each listening session participants were asked if there was anything else they wanted to share. Some of the comments included the following:

“We must address the SUD crisis in the Charleston Area in a real way, with a real plan,” said one participant (a school counselor).

“For harm to be as effective as it could be and has been in other places, I think that we need to have more widely available mental health services and addiction treatment programs. They’re very limited in this area. Those supports have to be there before HR can be as effective as it can be,” suggested one participant.

“I want to second the comment that the main concern being a harm reduction program shut down. I’m worried that somehow it will increase the stigma and people are putting more and more shame on these people. Unless we have the community all getting behind it, they’re not going to get better they’re just going to feel more shame. It’s in everyone’s best interest to try and help each other. Anyway the city or any organization can do that the better. Regarding the needles, I’m always surprised that this is something someone’s always up in arms about. I grew up in Charleston and now almost
30 and it’s so rare that I see a needle. I’d much rather see any other litter – that’s an issue in itself. It’s easy enough to give someone a place to discard needles in a private location where they won’t feel the police are after them. And one thing that’s in the theme of combating the stigma – I have a lot of issues with the perception of the Transit Area. Any time I talk to people about that area, there’s a horrible “oh we don’t want to go over there” and I feel like there’s a reason why they want to hang out there. Any other city would make usage of that space. Just shine more light on that spot and make sure people have the services they need and address the actual problems. I mean if you even walk up to the space, they have it blocked off with trash cans and there’s no welcoming nature. It’s like the city wants it to be closed off and shoved them in the corner,” said one participant.

“Thank you for allowing me to join in on the conversation. Criminal justice and teachers are on the front lines. There for the drama and the trauma. We need to track the data – how many people are getting stuck. More sharps containers would be great. More mental healthcare in the schools for our children. Advocates on the criminal justice side. I see it and I live it and I appreciate being part of the conversation,” said another participant and Charleston business owner.

“For harm reduction to be as effective as it could be and has been in other places, I think that we need to have more widely available mental health services and addiction treatment programs. They’re very limited in this area. Those supports have to be there before harm reduction can be as effective as it can be,” suggested another participant.

Research Conclusions
1. **Kanawha County and the City of Charleston need multiple, accessible harm reduction programs.** The CDC and the DHHR recommend these programs as ways to reduce the spread of the disease, increase testing for disease, treat disease, and increase the percentage of persons entering recovery. Two-thirds of the survey respondents affirm that the need for these programs exceeds the services currently available.

2. **Harm reduction programs must provide clean, safe needles (i.e., syringe service or needle exchange) to their clients.** SSPs significantly reduce the spread of HIV/HCV. The majority of Kanawha County survey respondents support needle exchange programs and indicate overwhelmingly that there is a need for more SSPs in Kanawha County.
3. **Each harm reduction program must have operational approval by one or more governmental entities.** Some entity should provide unified oversight and the transparency that survey respondents and listening session participants desire.

4. **The community perception that needle litter is a threat to children, to first responders, to sanitation workers, and to the safety of the general public needs to be addressed.** It is insufficient to respond to the community perception by simply sharing CDC research indicating needle litter is reduced in municipalities and communities where harm reduction programs that include syringe service exist.

5. **Many people have an inadequate or misinformed understanding of harm reduction programs, SSPs, and addiction science.** Program advocates believe they are supporting people who are struggling with addiction while opponents proclaim that harm reduction programs enable “bad” behavior. Some survey respondents and listening session participants used divisive, stigma-laden language including: “addict,” “junkie,” “vagrant,” and “cattle,” when referring to persons struggling with addiction.

**Research Recommendations**

1. **Mayor Amy Goodwin should designate a Harm Reduction Task Force.** As a starting point, the Task Force should be composed of representatives from the City of Charleston, the Kanawha County Commission, West Virginia Drug Intervention Institute, Health Right, SOAR, the Kanawha Charleston Health Department, Charleston Area Medical Center, Thomas Health Systems, and other health care facilities. This public-private partnership would bring a unified and coordinated harm reduction effort.

2. **The Charleston City Council should adopt the West Virginia Bureau for Public Health Harm Reduction Program (HRP) Guidelines and Certification Procedures as developed by West Virginia Health and Human Resources.**

3. **The City of Charleston and Kanawha County should launch a three-part needle litter campaign.**
   a. Expand the availability of syringe disposal boxes in targeted litter areas and sharps containers in public restrooms. Areas to be

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targeted can be identified through Emergency Medical Services, police, and fire department reports.

b. **Educate the public on safe needle practices.** Public service announcements and media outlets can communicate safe needle disposal practices and proper protocols if someone is stuck with a needle. The WV DII can be supported in creating educational programs for children on the importance of not touching needles (if found) using the Don’t Keep Rx Around™ Medication Safety Program or another appropriate mechanism.

c. **Implement syringe collection activities.** The City can host clean up days that include syringe clean up. The proposed Harm Reduction Task Force should create a mechanism for (a) receiving notifications from community members when needles are found and (b) quickly and safely retrieving and disposing of those needles.

4. **The City and the County should support a re-invigorated public education campaign to provide accurate information about harm reduction efforts.** The campaign should include these messages:

   a. **The importance of dispelling myths** about persons addicted to substances (using language void of stigma).

   b. **Transparent and statistical information** about HIV/HCV and overdose numbers in the City and the County.

   c. **Evidence based information** about harm reduction, SSPs, and addiction science as essential to public health.

   d. **Success stories from harm reduction** (transparency in needles returned, persons entering treatment, naloxone saves, etc.).

   e. **Informational items about proper syringe disposal** and what to do if a needle is found in your neighborhood.
Appendix A
Online Survey

Instructions: This short survey should take 10-15 minutes to complete. Your answers are completely anonymous unless you choose to identify yourself. Please limit your short answer responses to 120 words or less.

Male/Female
Age Group
Zip Code

1. Have you or a loved one been impacted by intravenous (injection) drug use? Y/N
2. Do you believe there should be needle exchange programs in your community? Y/N
3. What programs are you aware of in your community that assist people who inject drugs? Short Answer
4. Do you feel your community has adequate resources for persons suffering from addiction and intravenous drug use? Why or why not? Short Answer
5. What are the dangers or harms needle exchange programs pose to the community? Short Answer
6. What do you feel are benefits of needle exchange? Short Answer
7. Would you be willing to contribute more to this conversation with a follow up phone call or by participating in a focus group? Y/N
8. If yes, please share:
   a. Name
   b. Occupation
   c. Phone Number
   d. City and County of Residence
Appendix B
Consent Form

WV Drug Intervention Institute
Consent Form for Listening Session

<table>
<thead>
<tr>
<th>Contact Information</th>
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<tbody>
<tr>
<td>Last Name</td>
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<td></td>
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<td>Email</td>
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The WV Drug Intervention Institute would like to take the time to thank you for agreeing to participate in one of our listening sessions focusing on harm reduction and needle exchange. The general purpose of the listening sessions is to determine the attitudes and perceptions of harm reduction and identify gaps in services in and around Charleston, WV. Prior to beginning the session, please take the time to read our consent form in order to make an informed decision to participate. If at any time you have any questions, please contact either Dr. Susan Bissett, Susan@wvdii.org, or Charlee Fox, Charlee@wvdii.org.

As a participant in one of our listening sessions, you will be asked a series of questions related to harm reduction. Each session is 60 minutes in duration, with an average of six participants, and will be recorded for analysis and reporting purposes. Listening sessions are to take place via private Zoom call unless otherwise specified. All recordings of the sessions will be kept within the WV Drug Intervention Institute and will only be accessible by WV Drug Intervention Institute.

During the session, sensitive questions may be asked. If at any time you are uncomfortable with answering, you may skip that question and participate again when you feel comfortable.
Your confidentiality is of utmost importance to us. In order to maintain this when reports are generated, names and identifying information will be removed to protect your identity. In the case that a direct quote is to be used, names will be removed. Reporting an analysis may be released to the public.

By signing this consent form, I agree and understand the following:

- Participation is voluntary and compensation will not be provided.
- Direct quotes may be used, but names and identifying information will be removed/redacted when reports are generated.
- Reports may be released to the public.

I have had the chance to read this form in its entirety and have had the opportunity to ask questions. I agree to participate in my scheduled session.

__________________________________________  ____________________________
Participants Name - Print                                Date:

__________________________________________
Signature:
Appendix C
Protocol and Questions for Listening Sessions

1. Susan Introduces herself and Charlee
2. Purpose of tonight’s session is to help the WV DII gain a better understanding of community perceptions of harm reduction and needle exchange in Charleston and Kanawha County (Objective about the study)
3. Review Consent Form (recording session and why) and common definitions
4. Ground Rules
   a. Everyone has a voice and is allowed to have a difference in opinion
   b. Civil and open conversation
   c. You have the right not to answer a questions (simply indicate you wish to pass)
   d. Moderator will keep time and move us forward from one topic to the next (this is not an effort to squelch anyone’s voice but to keep us within the hour time frame)
   e. Everyone’s time is valuable
5. Introductions --name, organization, location in Kanawha County
6. Harm reduction has been in the news lately. With this in mind, what are your expectations or hopes for tonight’s discussion?
7. On a scale of 1 to 5 how important is it for communities to provide HR services (1 not important at all; 5 imperative)?
8. What is your number one concern regarding the presence of a syringe service or harm reduction program in Kanawha County?
9. Are there ways to address those concerns through ordinances, programs, outreach?
10. What kind of group or entity do you feel should take the lead role in addressing services for persons who inject drugs?
11. Is there anything else you’d like to contribute to this conversation?