



Overdose Prevention Policy Considerations

A Policy Playbook for State and Territorial Health Officials and Agencies

Report Summary: This policy playbook outlines four key policy considerations for preventing overdose, with particular emphasis on addressing health equity and reducing stigma. It builds on ASTHO's recent recommendations published in *The Journal of Public Health Management & Practice*.

- **Victoria Pless, MPH, PMP**
Assistant Director, Social and Behavioral Health, ASTHO
- **Kayley Humm, MPH**
Senior Analyst, Social and Behavioral Health, ASTHO
- **Kaela Hurd, MPH**
Analyst, Social and Behavioral Health, ASTHO
- **Arieana Love**
Intern, Social and Behavioral Health, ASTHO

This project and publication were supported by the cooperative agreement number, CDC-RFA-OT18-1802, OT18-1802 National Partners Cooperative Agreement, Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

Table of Contents

OVERVIEW.....	1
URGENCY IN ADDRESSING HEALTH EQUITY AND REDUCING STIGMA	1
KEY POLICIES FOR OVERDOSE REDUCTION	1
CENTERING HEALTH EQUITY AND REDUCING STIGMA	2
INTENTIONAL PLANNING AND RESOURCE ALLOCATION	2
THE IMPACT OF STIGMA ON BEHAVIOR AND EQUITY	2
ADVANCING EQUITABLE APPROACHES.....	2
INCREASING COMMUNITY DISTRIBUTION.....	4
CASE EXAMPLE	4
OPTIMIZING OVERDOSE AND NALOXONE DISTRIBUTION PROGRAMS.....	4
THE LATEST IN THE NALOXONE POLICY LANDSCAPE.....	4
AGENCY ACTION	5
LEGALIZING DRUG CHECKING EQUIPMENT.....	6
CASE EXAMPLE	6
RISING RATES OF SYNTHETIC OPIOID FENTANYL	6
DRUG CHECKING FOR SAFER DRUG USE.....	6
NAVIGATING DRUG PARAPHERNALIA LAWS.....	6
AGENCY ACTION	7
REMOVING BARRIERS TO ESTABLISH SYRINGE SERVICES PROGRAMS	8
CASE EXAMPLE	8
BENEFITS OF SYRINGE SERVICES PROGRAMS	8
AGENCY ACTION	8
ENHANCING SUBSTANCE USE PEER SUPPORT PROGRAMS.....	10
CASE EXAMPLE	10
THE POWER OF PEER SUPPORT SPECIALISTS.....	10
MEDICAID FUNDING FOR PEER SUPPORT SERVICES.....	10
AGENCY ACTION	11
TABLE 1 STRATEGIES FOR EVIDENCE-BASED OVERDOSE PREVENTION INTERVENTIONS	12
TABLE 1. – OD2A POLICY (CONTINUED)	13
TABLE 1. – OD2A POLICY (CONTINUED)	14
TABLE 1. – OD2A POLICY (CONTINUED)	15
CONCLUSION.....	16

Overview

Urgency in Addressing Health Equity and Reducing Stigma

As racial and socioeconomic disparities in drug overdose death rates [continue to widen](#), fostering health equity and reducing stigma in overdose prevention strategies is increasingly urgent. Ongoing challenges in the illicit drug supply, particularly with fentanyl and emerging adulterants such as xylazine, necessitate considerations for adjustments to overdose response protocols.

Fortunately, there is a wide range of interventions across the country to address the overdose crisis, including:

- Enhancing [data collection](#) and [surveillance](#).
- Improving [toxicology testing](#).
- Enhancing [care continuity](#) and [healthcare systems](#).
- Strengthening partnerships between public health and [public safety](#).
- Improving [prescription drug monitoring programs](#).
- Implementing [harm reduction](#) policies and programs.
- Through the enhancement of these initiatives, efforts to address [health inequities](#) and [reduce stigma](#) should be at the forefront, as these factors can contribute to increased overdose deaths among marginalized groups.

Key Policies for Overdose Reduction

State and territorial health agencies (S/THAs) can play a crucial role in these efforts by acknowledging the impact of historically discriminatory policies, engaging people with lived experiences to inform programs and policies, providing support to people who use drugs, and incorporating equitable implementation efforts. This resource delves into these recommendations, while highlighting the following key policy considerations for agencies to reduce overdose morbidity and mortality:

- Increasing community distribution of naloxone.
- Legalizing drug checking equipment.
- Removing barriers to establishing syringe services programs.
- Enhancing substance use peer support programs.

This document expands on [Reducing Overdose Through Policy Interventions: ASTHO's Recommendations for State and Territorial Health Officials and Agencies](#), published in *The Journal of Public Health Management & Practice*, with additional resources and case examples as well as an expansion of the Table in Appendix A.

Intentional Planning and Resource Allocation

Increasing racial and socioeconomic inequities in drug overdose death rates indicate a need for greater attention to strategies and policies that [address health equity](#). As such, S/THAs can use interventions that demonstrate intentional planning and allocating resources to best meet community needs. Additionally,

S/THAs can ensure that programs and policies incorporate equitable implementation efforts based on the unique assets of the communities they support.

The Impact of Stigma on Behavior and Equity

Historically marginalized groups—including Black, Indigenous, people of color (BIPOC)—face [stigmatizing practices](#) such as negative media narratives around morality and substance type as well as higher rates of incarceration. Additionally, people who identify as LGBTQ+ report [higher rates of substance use](#) and already face [increased](#) stigma and negative health outcomes compared to those who do not identify as part of this community.

In addition, drug policies, including those that encompassed the [War on Drugs](#), have been characterized by strict punitive measures against people who use drugs with the most severe penalties disproportionately affecting people of color. An often-cited example of disproportionality in drug policy is rooted in historical differences in [sentencing for crack and powder cocaine](#). Further, according to some of the key creators of related policies, the War on Drugs explicitly focused on [disrupting and disempowering communities](#), which led to [mass incarceration](#) and [stigma](#) of people who use drugs, contributing to inequity and limiting the potential interventions to [prevent overdose](#).

Stigma against people who use drugs and those with substance use disorder (SUD) can impact overdose prevention strategies. The former often [change their behaviors](#) when they experience stigma, such as choosing [not to access](#) the care or services they need, which can exacerbate [negative health outcomes](#) like [delaying or affecting recovery efforts](#). Therefore, [implementing stigma reduction initiatives](#) among providers and the public is a crucial component of [supporting](#) people who use drugs.

Advancing Equitable Approaches

S/THAs can examine the impact of structural [racism](#) on drug policy in their jurisdictions and consider how policies can be updated to create a more equitable approach moving forward. For example, they may consider [intentionally recruiting](#) people with lived and living experience of substance use and incarceration from high-risk and historically underfunded communities. These individuals can serve on planning groups, provide insight into the resources of their communities, and be hired as health agency contractors or staff. The knowledge they possess may exist outside of traditional data sources and can help ensure that services are tailored to the highest need groups and delivered effectively and sustainably.

Increasing Community Distribution of Naloxone

Case Example

As of January 1, 2023, the [Campus Opioid Safety Act \(COSA\)](#) ensures that California public universities and community colleges provide overdose education and distribute naloxone in collaboration with the state health department as well as recovery organizations. COSA requires these entities to apply to the California Department of Health's state-wide standing order to distribute naloxone and participate in the Department of Health Care Service's Naloxone Distribution Project to obtain naloxone.

Optimizing Overdose and Naloxone Distribution Programs

Overdose education and naloxone distribution (OEND) programs are cost-effective initiatives that increase knowledge about opioid overdose, improve attitudes towards naloxone, effectively train participants to manage overdoses, and reduce [overdose-related mortality](#). They involve various organizations including S/THAs, emergency medical services, harm reduction programs, healthcare providers, social service agencies, and other community partners.

A primary role of [OEND](#) programs is to prepare those at risk of witnessing or experiencing an overdose, particularly [people who use drugs](#), by distributing naloxone and providing overdose prevention education and other services. These programs and related harm reduction initiatives should [prioritize health equity](#) by reducing cost and transportation barriers to naloxone and providing linkages to other community resources.

The Latest in the Naloxone Policy Landscape

The naloxone policy landscape is constantly changing to respond to the overdose crisis. As of 2020, all U.S. states and Washington, D.C. have implemented some form of [naloxone access laws](#). States are also employing innovative [distribution methods](#), such as placing naloxone in defibrillator kits and [vending machines](#), as well as providing naloxone in schools, universities, libraries, and other public spaces.

Additionally, as of May 1, 2023, 48 states and Washington, D.C. have implemented [Good Samaritan laws](#), which protect those overdosing or those administering naloxone from prosecution, charges, and/or arrest. However, enforcement and punishment are [inconsistent](#) across states, and evidence indicates that Good Samaritan laws that provide protections from arrest [may have a greater impact on overdose rates](#) than those that do not. Further, [drug-induced homicide laws](#) have been introduced and passed, increasing penalties for people who sell or provide a substance to someone that contributes or leads to death.

Note: On July 28, 2023, FDA approved [Narcan 4mg nasal spray](#) and [RiVive 3mg nasal spray](#) for over-the-counter use. These decisions provide new context to discussions of [liability and distribution](#).

However, uncertainties remain about how this action may affect cost and access, based on the [final price](#), [insurance coverage](#), and [where they will be stored](#).

Agency Action

Expanding naloxone access is a harm reduction strategy to reduce overdose-related mortality. Ensuring this life-saving medication is accessible to people who use drugs or may witness an overdose should be [prioritized](#). Thus, it is incumbent upon jurisdictions to consider enacting supportive policies, such as ensuring standing orders, naloxone co-prescribing, and dispensing and administering non-OTC formulations of naloxone.

Legalizing Drug Checking Equipment

Case Example

Alabama passed bill [SB 168](#) in June 2022, amending its current drug paraphernalia law to exempt drug checking and testing equipment related to fentanyl and fentanyl analogs. The updated law allows entities such as the Jefferson County Health Department to provide naloxone and fentanyl test strips [training](#) and distribution to law enforcement and fire departments in surrounding counties.

Rising Rates of Overdoses

The United States has seen a rising trend in synthetic opioid fentanyl and fentanyl analogs in the illicit drug supply across multiple substances, primarily through [heroin](#). Even [very small amounts](#) of fentanyl in a substance can increase the risk of an overdose. This has led to a rise in fatal and nonfatal overdoses, with nearly 110,000 deaths [occurring](#) in 2022.

An emerging substance of concern, xylazine is a tranquilizer commonly used in veterinarian medicine and increasingly being [linked to fatal and nonfatal drug overdoses](#). Xylazine test strips, comparable to fentanyl test strips (FTS), are used to detect the presence of xylazine in a substance before use. Xylazine is not currently a controlled substance under the [U.S. Controlled Substances Act](#), but states have acted to schedule xylazine through emergency orders and legislation. The legal status of xylazine can impact distribution of test strips.

Drug Checking for Safer Drug Use

[Drug checking](#) is a form of harm reduction where a person tests whether a drug contains certain substances before use. Drug checking methods range from FTS to more intensive spectroscopy. As an example, to detect the presence of fentanyl in a substance, FTS can be administered, allowing people who use drugs to make an informed decision about the drugs they are consuming. [These strips are easy to use](#), as the user simply inserts one into water with a sample from a substance and the test will display results indicating whether fentanyl or a fentanyl analog is present in the substance tested.

A [study conducted in 2017](#) found that 77% of participants noted an increased sense of overdose safety and 43% changed their drug usage behaviors after using FTS. In [another study from 2017](#), 95% of participants said they wanted to continue using FTS in the future for safer drug use. Increasing the use of FTS among people who use drugs in conjunction with other overdose prevention efforts can reduce risk of overdose and other drug-related harms.

Navigating Drug Paraphernalia Laws

Certain drug paraphernalia laws undermine efforts to legalize the use and distribution of FTS and other drug checking equipment. In the 1970s, states and local governments [began to pass](#) anti-drug paraphernalia laws in an effort to reduce drug use. DEA later drafted the Model Drug Paraphernalia Act of 1979 which banned the distribution and possession of drug paraphernalia. By 1987, 38 states and Washington, D.C. [adopted the model law](#) and another six states enacted their own drug

paraphernalia laws. The model law prohibits any testing equipment used to determine the purity of a substance, which would include FTS because they detect the amount of fentanyl in substances, making FTS illegal in jurisdictions that adopted the model act or included testing equipment in their drug paraphernalia law.

States are amending their drug paraphernalia laws to allow for the possession, distribution, and use of FTS for overdose prevention and response efforts. As of July 5, 2023, 31 states and territories and Washington, D.C. [have legalized the use of FTS](#).

Agency Action

S/THAs can support efforts to legalize FTS in their jurisdictions by providing data on [drug analysis testing results](#) and suggesting evidence-based policy recommendations to [update current drug paraphernalia policies](#).

Establishing Syringe Services Programs

Case Example

Since [legalizing](#) syringe services programs (SSPs) in 2016, North Carolina has established one of the most robust networks of SSPs in the country, with [52 programs](#) recognized by the Department of Health and Human Services as of May 2023. The state [requires](#) SSPs to provide sterile syringe and injection supplies, needle disposal, on-site security, education materials related to substance use and overdose prevention, naloxone kits (or treatment information if no kits are available), and individual consultations for mental health or addiction services as needed.

Benefits of Syringe Services Programs

[SSPs](#) are community-based prevention programs that provide a range of evidence-based healthcare services, such as sterile syringe exchange, naloxone distribution, vaccinations, drug checking, and linkages to substance use treatment, infectious disease care, and counseling. Over 30 years of SSP [research](#) supports that the programs are safe, useful and do not encourage an increase in illegal drug use or crime.

Evidence indicates that by providing sterile medical equipment, SSPs [reduce the likelihood](#) that people who inject drugs will transmit HIV, viral hepatitis, and other blood-borne infections; provide a safe way to [dispose of used syringes](#); and increase the likelihood that people [engage in treatment](#). Further, SSPs provide a space for people who use drugs to access services and care without stigmatization. Many offer [peer support specialist services](#), providing individuals utilizing the services with a peer guiding them through the process. Additionally, some SSPs [are mobile](#), increasing equitable access to services provided.

As of August 2019, [32 states have laws explicitly authorizing SSPs](#), and 39 states have taken at least one action to address legal concerns about SSPs. Legal authorization of SSPs continues to trend upwards, but there is still need for clear language around syringe possession and funding to support SSPs.

Agency Action

ASTHO [supports](#) S/THA's implementing SSPs or partnering with existing SSPs to promote the health of people who inject drugs as well as reduce opioid overdoses and the spread of infectious disease due to injection drug use.

ASTHO encourages consideration of the following recommendations:

- Implement SSPs as an evidence-based service to reduce opioid overdose and infectious drug-related harms.
- Expand access to SSPs in rural areas to ensure equitable access to services.
- Inform policymakers of the effectiveness of SSPs and empower data-driven decisions regarding them by providing educational resources.
- Engage community partners to ensure a community-driven approach to SSPs.
- Secure diverse funding streams to maintain sustainable SSPs.
- Collect data on local SSPs to evaluate effectiveness and impact.

Enhancing Substance Use Peer Support Programs

Case Example

New Jersey has made great strides towards integrating peer support specialists into substance use care. In 2017, the state [developed a strategic plan](#) with SAMHSA to “to strengthen and formally establish integrated peer services across a recovery-oriented continuum of care in the state of New Jersey.” Effective July 1, 2019, NJ FamilyCare—the state’s Medicaid program—reimburses [Independent Clinic Drug and Alcohol providers](#) of outpatient substance use disorder (SUD) treatment for peer recovery support services, with the goal of facilitating care continuity for people with SUD. In April 2023, New Jersey released [Guidelines for Best Practices in Peer Recovery Services](#) to ensure that services are evidence-based and effective. These actions have the potential to increase access to peers and improve standards of care.

The Power of Peer Support Specialists

[Peer Support Specialists](#) (otherwise known as peers) use their lived or living experience to help others in the recovery process. [SAMHSA](#) currently funds peer support services, provides [core competencies](#) and standards for certification, and offers technical assistance, training, and consultation to support [peers](#). Peers provide unique support through their ability to provide real-world knowledge about addiction and recovery, extending their reach of treatment beyond the clinical setting. This can provide the opportunity to increase [motivation and engagement](#) among the people in recovery. In addition, peers can help [support people who are in recovery](#) by incorporating treatment into everyday life, cultivating engagement in the recovery process, and fostering mutual understanding and connection. Their roles can include [mentoring and setting goals](#) as well as educating policymakers and the public, providing training, and supervising other peer workers.

Peers can improve [health outcomes](#) for those in recovery and alleviate workforce shortage by linking people in recovery to SUD treatment. Availability of peers is associated with fewer hospital readmissions, decreased substance use, increased access to community resources, increased self-esteem, better coping skills, and increased hope of recovery. These outcomes may result in [cost savings](#) by increasing quality-adjusted life years and reducing the utilization of other services related to substance abuse and misuse. Peers also increase access to substance use support by growing the [workforce](#), thus reducing wait times and distances to care.

Medicaid Funding for Peer Support Services

In 2007, the Center for Medicare and Medicaid Services (CMS) [released guidance](#) allowing states to use Medicaid funding for peers. The guidance outlines options and requirements for covering peer services for certain populations. Services must meet all Medicaid requirements in addition to specific requirements related to supervision, care coordination, training, and credentialing. States

can leverage Medicaid funding to reimburse peers for SUD-related services; however, peer support services are not explicitly defined federally in Medicaid's regulations, policies, or statutes.

There are several Medicaid funding authorities through which states may choose to reimburse for peers, including state plans, waivers, and demonstrations. While state Medicaid programs can choose to cover services offered by peers, as of 2018, only 37 states chose to cover this benefit.

Agency Action

To support a data-driven approach, S/THAs can communicate data on SUD in their state where possible and appropriate, emphasize the need for intervention, and outline the benefits of peers to their state Medicaid program.

Conclusion

Disparities in drug overdose death rates continue to widen, emphasizing the need for targeted interventions that prioritize communities at highest risk of overdose. By implementing policies that center health equity and reduce stigma, state and territorial health agencies can make significant strides in reducing overdose risks and fostering healthier, more inclusive communities.

Table 1. Strategies for Evidence-Based Overdose Prevention

Strategy Objective	Considerations for Health Equity Impact & Stigma Reduction	Aligned Policies	Considerations for Implementation	Potential Indicators
Increase community distribution of naloxone.	<ul style="list-style-type: none"> Develop naloxone community distribution programs that can reach rural, frontier, or other areas that have not had high distribution. Distribute naloxone to community-based harm reduction organizations that have direct contact with people who use drugs. Implement anti-stigma campaigns surrounding naloxone to improve education about its use. Provide education and training on naloxone administration when holding community distribution events. 	<i>Supportive Federal Policies</i>		
		<ul style="list-style-type: none"> FDA approval of OTC 4 mg Narcan and 3 mg ReVive nasal spray. Expanded support for overdose education and naloxone distribution programs. 	<ul style="list-style-type: none"> Federal regulatory review and approval of OTC naloxone. Federal funding opportunities through CDC, SAMHSA, ONDCP, and other agencies to support state efforts to distribute naloxone. 	<ul style="list-style-type: none"> Data collected by harm reduction organizations, state and local health departments, and other organizations supporting distribution of naloxone through federally funded programs.
		<i>Supportive State Policies</i>		
		<ul style="list-style-type: none"> Permit pharmacies to dispense naloxone. Allow dispensing without barriers, such as OTC Narcan and ReVive locked behind glass. Encourage naloxone co-prescribing. Support data collection of naloxone distribution Allow community-based organizations to distribute naloxone. Support Good Samaritan Laws and increase awareness among the public and law enforcement. Allocate funds for purchase of FDA-approved OTC Narcan and ReVive. 	<ul style="list-style-type: none"> Identify current barriers under state law. Revise state laws as needed to facilitate naloxone distribution. 	<ul style="list-style-type: none"> Number of jurisdictions allowing pharmacy dispensing. Number of jurisdictions allowing co-prescribing. Number of jurisdictions allowing community-based organizations' distribution of naloxone.

Table 1. Strategies for Evidence-Based Overdose Prevention Interventions (Continued)

		<i>Programmatic Strategies</i>		
		<ul style="list-style-type: none"> • Collect data on naloxone distribution and use. • Increase distribution through first responders, emergency departments, community-based organizations, libraries, harm-reduction vending machines, and prisons. 	<ul style="list-style-type: none"> • Support provider education on the importance of naloxone co-prescribing and increasing access to naloxone. • Increase resources to support naloxone distribution efforts, including support for purchasing supplies, enhancing organization infrastructure (e.g., data collection and reporting mechanisms), and staffing. • Use available funds for bulk purchasing of multiple formulations of naloxone, include OTC options. 	<ul style="list-style-type: none"> • Number of naloxone doses distributed. • Number of naloxone doses used. • Type of naloxone formularies used. • Co-prescribing practices. • Location of naloxone distribution.

Table 1. Strategies for Evidence-Based Overdose Prevention Interventions (Continued)

Strategy Objective	Considerations for Health Equity Impact & Stigma Reduction	Aligned Policies	Considerations for Implementation	Potential Indicators
Support harm reduction policies.	<ul style="list-style-type: none"> Develop strategies and partnerships to increase drug checking equipment and SSPs in rural areas, such as mobile units. Listen to community members and organizations that have been historically underserved or negatively affected by punitive drug policy about how to best support harm reduction in their neighborhood. Offer evidence-based and social support services at SSPs. Create media campaigns on use of FTS to reduce overdose risk. 	<i>Supportive Federal Policies</i>		
		<ul style="list-style-type: none"> Increase resources for harm reduction services. 	<ul style="list-style-type: none"> Permit federal funds to be expended in support of harm reduction programs. Expand funding opportunities and allocations for harm reduction services. 	<ul style="list-style-type: none"> Number of jurisdictions able to create and sustain harm reduction programs.
		<i>Supportive State Policies</i>		
		<ul style="list-style-type: none"> Legalize FTS and other drug checking equipment. Remove barriers to establishing SSPs. Provide adequate resources to evidence-based harm reduction services and programs. 	<ul style="list-style-type: none"> Identify current barriers under state law. Revise state laws as needed to legalize drug checking equipment like FTS. Adopt state laws that help establish SSPs. Advocate for funding additional research and evaluation on SSPs. 	<ul style="list-style-type: none"> Number of jurisdictions able to create and sustain harm reduction programs. Number of substance samples analyzed.
		<i>Programmatic Strategies</i>		
		<ul style="list-style-type: none"> Support FTS distribution with evidence-based practices and data. Support training and education for FTS use/distribution. Establish SSPs that support opioid overdose prevention and treatment. Promote decisions that are data-driven (e.g., number of FTS distributed, decrease in HCV, less syringes in the community). 	<ul style="list-style-type: none"> Inform policymakers that FTS are a key component of harm reduction. Identify and engage community champions. Share real life stories and experiences from people with lived experience. 	<ul style="list-style-type: none"> Harm reduction policy development and implementation data. HCV rates. Data assessing community support of harm reduction services.

Table 1. Strategies for Evidence-Based Overdose Prevention Interventions (Continued)

Strategy Objective	Considerations for Health Equity Impact & Stigma Reduction	Aligned Policies	Considerations for Implementation	Potential Indicators
Enhance substance use peer support programs.	<ul style="list-style-type: none"> Embed peer support specialists in emergency departments, doctors' offices, and other healthcare locations accessed by people who use drugs or people who experience an overdose to provide direct contact to lived experience. Hire peer support specialists in health departments to plan, implement, and evaluate programmatic activities. Develop a phone line for peer support specialists to be accessible for those in rural or frontier areas. Recruit peers to educate medical providers on the importance of trust and lived experience. 	<i>Supportive Federal Policies</i>		
		<ul style="list-style-type: none"> Increase resources to support peer support programs. Support additional research and evaluation around peer services. 	<ul style="list-style-type: none"> Identify appropriate agencies and programs to link resources to peer support programs. Identify evaluation metrics for successful peer support services. 	<ul style="list-style-type: none"> Number of peer support services programs. Evaluation data of peer support programs related to substance use-related harm.
		<i>Supportive State Policies</i>		
		<ul style="list-style-type: none"> Allow Medicaid reimbursement for peer support services. Establish standards for peer support programs. 	<ul style="list-style-type: none"> Inform policymakers about key services that peers provide, including their critical role in SUD recovery and treatment. Consider enacting statutes or regulations establishing baseline standards for peers in alignment with SAMHSA's National Model Standards for Peer Support. 	<ul style="list-style-type: none"> Medicaid reimbursement data. Number of peer support programs.
		<i>Programmatic Strategies</i>		
		<ul style="list-style-type: none"> Create training and education programs to help people with lived experiences become certified peer support specialists. Establish hiring and supervising practices for peer support staff. 	<ul style="list-style-type: none"> Identify and engage community champions. Share real life stories and experiences from people with lived experience. Identify institutional barriers to hiring people with criminal records or histories of substance use for peer support positions. 	<ul style="list-style-type: none"> Number of people trained to become certified peer support specialists.

*Abbreviations: HCV, hepatitis C; ONDCP, Office of National Drug Control

