

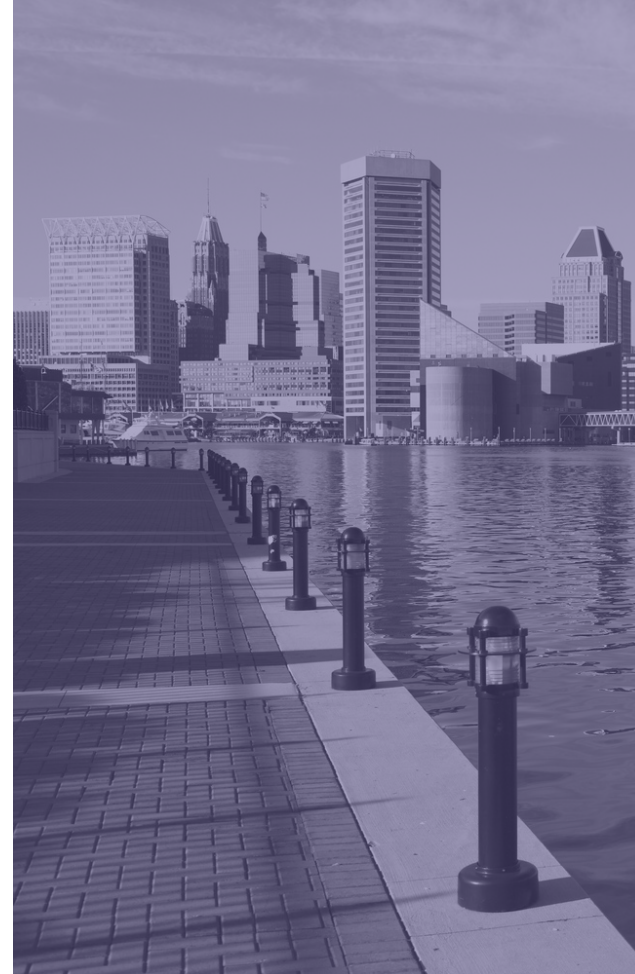
SYRINGE SERVICES PROGRAM COMMUNITY ADVISORY BOARDS: A FRAMEWORK



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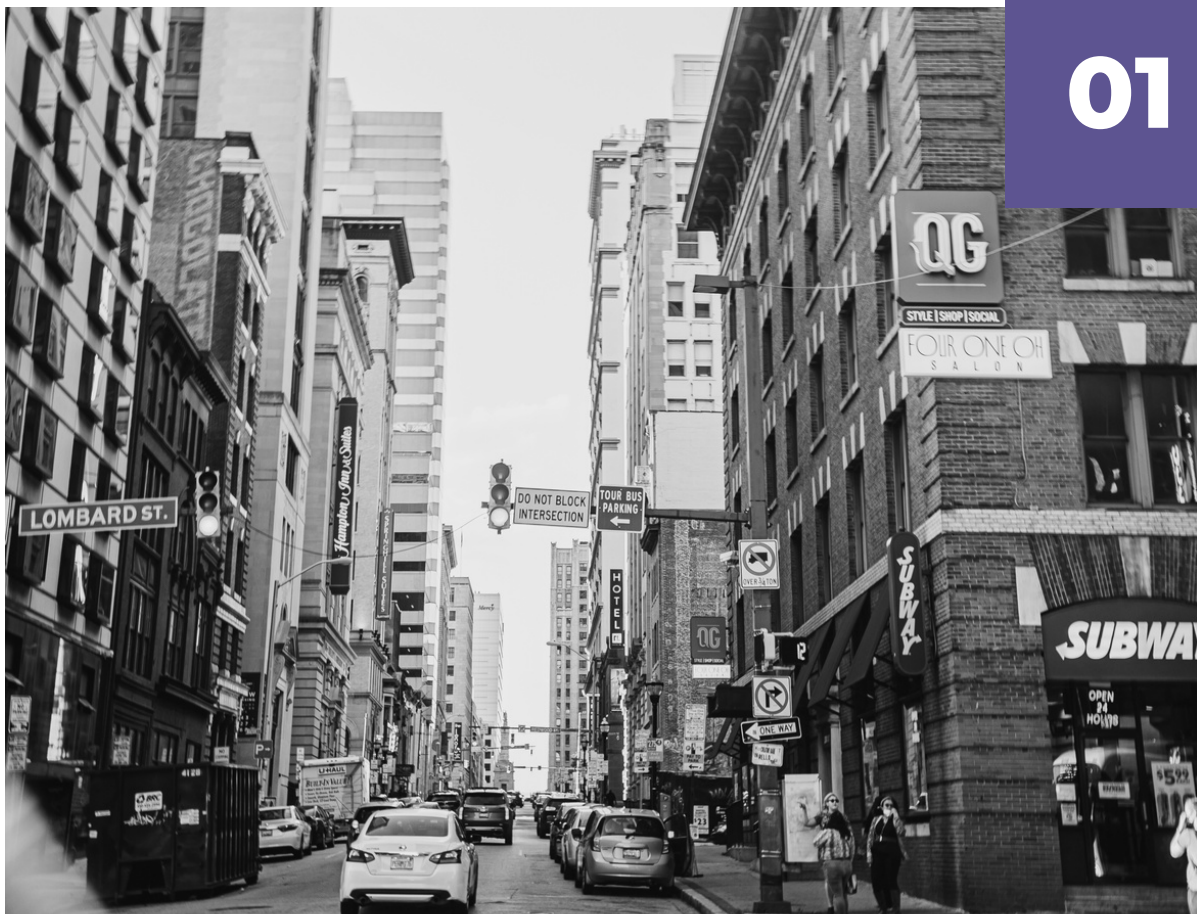
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BACKGROUND

Syringe services programs (SSPs) improve health outcomes for people who use drugs (PWUD) who, due to social and structural determinants, often experience higher infectious disease and overdose morbidity and mortality [1]. With increasing overdose rates across the U.S. [2] and with growing disparity between white people and black, indigenous, and people of color who use drugs [3], expanded access to SSPs and other harm reduction services is needed. The most effective SSPs are responsive to community needs and actively solicit input and engagement from community members and potential program participants [4–6]. Many SSPs do this by convening a Community Advisory Board (CAB) [5].

The enclosed Framework is intended to support organizations and communities launching SSPs which do not yet have operational advisory boards. The Framework can help structure, establish, nourish, and maintain trusted, effective CABs. It may also be useful for existing SSPs,

whether or not they already have an operational CAB, and for groups providing other services to PWUD.

It was developed with boards comprised of adult members in mind. With elevated adolescent overdose rates in recent years, there is growing interest in harm reduction services for youth [7,8]. Youth-serving programs seeking to establish youth advisory boards may consider this Framework a resource, but should also consult youth-specific resources, especially those supporting co-design practices [9,10] and harm reduction education for youth [11].

The Framework was developed in Baltimore, Maryland, USA, where overdose rates remain high [12], as part of a student research project at the Johns Hopkins Bloomberg School of Public Health. It is the result of focus group interviews conducted with staff at Behavioral Health System Baltimore, Inc. (BHSB) and key informants familiar with harm reduction work in Baltimore. Many key informants were lifelong Baltimore residents, had lived and living experience with drug use, and had participated in community advisory board-like groups in the past.

BHSB is a nonprofit organization responsible for managing Baltimore City's public behavioral health system. BHSB supports and uplifts innovative approaches to substance use and mental health prevention, early intervention, treatment, and recovery and includes harm reduction as a part of these approaches [13]. Bmore POWER (Peers Offering Wellness, Education & Resources) is a BHSB team comprised of people with lived and living experience with substance use who provide community-based outreach services to address overdose and minimize other drug use-associated harms [14]. Bmore POWER is well-known for playing a key role in developing the national Go Slow Fentanyl Awareness Campaign [15,16] and was instrumental in the development of this Framework.

Organizations and communities that find themselves ready to convene an SSP CAB may seek specific resources to support CAB activities. Template materials such as budgets, policies and procedures, and onboarding, training, and support documents are available for download at bit.ly/SSPCABResources. Additional resources continue to be uploaded. To request specific missing resources or to share additional existing materials, email sspcabframework@gmail.com.



DEFINITIONS

Community – the collective of people, organizations, and other entities who live, work, play, learn, worship, grow, lead, serve, receive services in, spend time in, are impacted by, or are otherwise engaged in a geographic area in which the SSP provides services or where its services have, have had, or could have a local impact.

Community Advisory Board (CAB) – an entity comprised of members or representatives of other entities, potentially including the organization, the community, stakeholder organizations, and/or the program participant population, which provides input on program development and implementation.

External stakeholders – includes employees, volunteers, and agents of organizations external to the organization who are familiar with the work of those operating the SSP and may be eligible to serve as stakeholder organization representatives on the CAB.

Harm reduction – “a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.” [17]

Members – designated members of the CAB.

Organization – a formally organized entity with designated staff or volunteers, paid or unpaid, who carry out functions related to the defined work of the organization. It may be directly or indirectly responsible for the team or department which operates the SSP, with members of the team or department and the SSP included as staff or volunteers.

People who use drugs (PWUD) – “an acronym used to refer to people who use drugs and generally preferred as ‘person-first’ non-stigmatizing language.” [18] Here, PWUD most often refers to current or potential recipients of SSP services.

People with lived and/or living experience (PWLE) – “people with lived experience are those directly affected by social, health, public health, or other issues and the strategies that aim to address those issues. This gives them insights that can inform and improve systems, research, policies, practices, and programs.” [19] Lived experience refers to past experiences and often describes individuals in self-defined abstinence-based recovery. Living experience reflects ongoing relevant experiences and may describe individuals whose relationship with substance use continues or changes over time but is not limited to total abstinence. Here, PWLE most often refers to organization staff or potential CAB members who do not receive services from the SSP.

Program – the SSP that the CAB advises.

Program participants – people who receive services directly from the SSP.

Recommendations – suggestions made by CAB members to the organization and the program.

Stakeholder organization – agencies, organizations, and other groups or bodies, governmental and non-governmental, for profit or not for profit, officially organized and unofficially organized, with or without defined structure, that operate in, have responsibility for, have influence in, or otherwise have interest in the community and may be concerned with or impacted by program services.

Syringe Services Program (SSP) – according to the CDC, “SSPs are community-based prevention programs that can provide a range of services, including linkage to substance use disorder treatment; access to and disposal of sterile syringes and injection equipment; and vaccination, testing, and linkage to care and treatment for infectious disease.” [1]

Team or Department – the staff and volunteers of an organization, if its sole function is as an SSP, or a subset of organization staff and volunteers who run the SSP, if it has multiple functions.

DEVELOPMENT OF THE FRAMEWORK

The focus groups that contributed to the development of the Framework solicited input on the ideal structure and operation of a CAB. Groups were conducted as part of a study entitled “Development of a Framework for a Peer-Led Syringe Services Program Community Advisory Board in Baltimore, MD.” The study plan was reviewed by the Johns Hopkins Bloomberg School of Public Health Institutional Review Board (IRB) Office and determined not to be research/public health practice involving program development or evaluation in the delivery of public health practice services. The study therefore did not require IRB oversight (IRB Application No: 25136, IRB Amendment No: 25136-MOD3625). All participants provided informed consent.

Focus group data were analyzed utilizing a rapid framework analysis approach [20]. This approach was selected due to time and resource limitations and in consideration of the study’s purpose to develop broad, immediately practical and applicable recommendations rather than a theoretically rich understanding of discrete concepts or phenomena [21,22]. The framework analysis process involved organizing sections of focus group transcript text into a matrix of pre-established themes, identified via literature review and aligned with areas of focus group inquiry. Original themes were then added to, removed, expanded, and collapsed to reflect themes that emerged in focus group participants’ contributions. Each matrix then shaped one subsection of the Framework.

The draft Framework was shared with focus group participants along with a request for confidential feedback. Participant feedback shaped revisions

to the Framework before the final Framework was distributed to all participants.

Accompanying CAB member orientation and training materials and CAB supporting document templates were also developed and revised according to study participant feedback. These materials are available at bit.ly/SSPCABResources.

While the Framework was developed using organizationally and geographically specific focus group input, organizations and communities outside of Baltimore may also find it useful. Should others utilize it, they should consider gathering local input from the communities where their SSP provides services and be mindful of their unique contexts. Focus group instruments were developed, modeled in part after a sample facilitator script designed for focus groups with participants living with HIV and with higher likelihood of being PWUD [23]. The instruments are available by request to sspcabframework@gmail.com.



HOW TO USE THE FRAMEWORK

04

Some terms used in the Framework have different meanings to different people in different contexts. To understand the intended meaning here, refer to the Definitions section prior to and while reading the Framework.

The Framework was developed to provide recommendations to organizations and communities seeking to establish an SSP CAB. The recommendations herein therefore consider both the establishment of a new CAB and ongoing management after one is initially convened.

Programs which have already established a CAB may wish to use this document to strengthen their CAB but should consult with relevant CAB members and other community members, people with lived and living experience, and stakeholders to think through benefits and challenges associated with changing the structure or functioning of an already operational board.

Some Framework subsections make explicit recommendations while others provide options from which to choose. This results from a theme that emerged around how focus group participants expressed feelings about various aspects of the CAB. This theme cut across all Framework subsections and defined the way in which participants provided input. Participants consistently offered that an organization could choose from multiple options for each subsection, often emphasizing that decisions about which option to choose should be made in consultation with or according to the recommendations of the CAB, its members, or other representatives of the community in which the SSP provides services.



Framework subsections	
A. Benefits and Challenges of CABs	G. Leadership of the CAB and the role of the organization and its staff
B. Entities involved in an SSP CAB	H. Nature and form of CAB recommendations to the organization
C. Purpose and intent of the CAB	I. Assessing and ensuring organizational responsiveness to recommendations
D. Membership composition, recruitment, selection, compensation, and removal	J. Decision-making processes and resolving member disagreement
E. Member expectations	K. Considerations for members with lived and living experience with drug use
F. Meeting format, structure, location, and frequency	L. Member onboarding, training, and support



Organizations may consider delineating which aspects of the CAB must be determined before convening an initial group of members and which aspects may be left for determination with board and community input once convened. Focus groups suggested that predetermined aspects of the CAB should be revisited with the board and community members after convening for additional input. Focus group data analysis suggests the following such breakdown may be reasonable:

Time to determine and revisit CAB aspects, by Framework subsection			
Framework Subsection	Organization determines before first meeting	CAB members determine after first meeting	CAB members revisit org. decisions after first meeting
A. Benefits and Challenges of CABs	X		
B. Entities involved in an SSP CAB	X		X
C. Purpose and intent of the CAB	X		X
D. Membership composition, recruitment, selection, compensation, and removal	X		X
E. Member expectations	X		X
F. Meeting format, structure, location, and frequency	X		X
G. Leadership of the CAB and the role of the organization and its staff	X		X
H. Nature and form of CAB recommendations to the organization	X		
I. Assessing and ensuring organizational responsiveness to recommendations		X	
J. Decision-making processes and resolving member disagreement	X	X	
K. Considerations for members with lived and living experience with drug use	X		X
L. Member onboarding, training, and support	X		X



THE FRAMEWORK

Section A: Benefits and Challenges of CABs

CABs can present benefits and may pose challenges for organizations and communities. Focus group participants shared their thoughts based upon past experiences with similar boards.

CABs can...

...bring about change. CABs can bring about positive change, influencing decisions and motivating action at program, organization, and community levels. Even when discord arises, it may open pathways for change.

...generate community engagement. Many communities are more open to SSPs and SSP CABs than in the past. Members may find participation rewarding. Member engagement leads to engagement between community and the organization outside of CAB meetings.

...uplift community voices. CABs can make members feel heard. Community members may be more invested in services in their community than organization staff, lending importance to incorporation of their voices. Community-led CABs better capture insider perspectives than those that use traditional organization-led approaches.

...uplift PWUD and PWLE. CABs can create engagement opportunities for PWUD and PWLE. They may also serve to protect PWUD in the community from systems and powers that otherwise do not serve their interests.

...benefit programs. Members provide locally relevant information in recommendations, identifying service gaps and allowing programs to tailor services that people will actually use. They help community members and participants understand services, improving uptake and retention. Community members may view SSPs with CABs as developed by community as opposed to outsiders, improving program acceptance.

...benefit organizations. CABs can generate buy-in from community for the overall work of the organization. When organizational decisions are informed by community, organizations save time and energy, avoiding missteps. Meetings provide space for organizations to share information with community members who bring that information back to the larger community.

...sustain. Community-driven, community-informed programs foster development of knowledge and skills among members, supporting sustainability of the program and related community initiatives.

CAB challenges include...

...historical mistrust. Past negative or valueless CAB experiences may discourage participation, making it difficult to generate momentum. CABs fail if members feel disconnected and find no value in their participation.

...representativeness. Representativeness of membership, including PWLE and the larger community, is challenging. Even with appropriate representation, one type of member cannot speak for every person with shared experiences in a community.

...inclusion of PWLE. PWLE are sometimes included as token members, not granted status equal to “professional” members. Some members may not value the voices of PWLE. Many CABs do not pay PWLE for their time and expertise, while organization representatives participate on employer time with compensation.

...board structure and function. CABs sometimes set expectations that community members cannot meet if barriers to participation are not addressed. Inflexible CAB structures do not facilitate community participation.

...meeting logistics. Gathering a diverse group can be difficult. Organizations may struggle to hold meetings which are accessible for community participation.

...decision-making and disagreement. Discord in community boards slows work. Diverse groups bring opinionated participation. Divergence of opinion is sometimes difficult to resolve.

...perpetuation of existing stigma and systems of oppression. Members may bring stigma. People of color who use drugs and white people who use drugs are often treated differently, risking racist influence on decision-making and recommendations.

...organization responsiveness to recommendations.

Friction sometimes forms between members and organizations when organizations fail to fully embrace community voices, especially those of PWLE. The flow of information between CABs and organizations is not always bidirectional; relationships are not always mutually beneficial. Organizations sometimes sway members to support the status quo. Organizations may be unable to adopt recommendations even when they want to.

Section B:**Entities Involved in an SSP CAB**

Entities which will be involved should be defined before establishing a CAB. This Framework uses the definitions below, formed from focus group participant recommendations, but definitions may vary. Organizations and communities should work together to determine which entities should be involved and the role and function that each plays. Definitions below are repeated in the Definitions section that precedes the Framework.

Organization. A formally organized entity with designated staff or volunteers, paid or unpaid, who carry out functions related to the defined work of the entity. It may be directly or indirectly responsible for the team or department which operates the SSP, with members of the team or department and the SSP included as staff or volunteers.

Team or Department. Staff and volunteers of an organization, if its sole function is as an SSP, or a subset of organization staff and volunteers who run the SSP, if the organization has multiple functions.

Syringe Services Program. As defined by the CDC, “SSPs are community-based prevention programs that can provide a range of services, including linkage to substance use disorder treatment; access to and disposal of sterile syringes and injection equipment; and vaccination, testing, and linkage to care and treatment for infectious disease.” [1] The SSP is operated by the team or department and is directly or indirectly a responsibility of the organization.

Community. The collective of people, organizations, and other entities who live, work, play, learn, worship, grow, lead, serve, receive services in, spend time in, are impacted by, or are otherwise engaged in a defined

geographic or virtual space in which the SSP provides services or where its services have, have had, or could have a local impact.

Stakeholder organizations. Agencies, organizations, and other groups or bodies, governmental and non-governmental, for profit or not for profit, officially organized and unofficially organized, with or without defined structure, that operate in, have responsibility for, have influence in, or otherwise have interest in the community and may be concerned with or impacted by program services.

Program Participants. People who receive services from the SSP.

Community Advisory Board. An entity comprised of members or representatives of other entities, potentially including the organization, the community, stakeholder organizations, and/or the program participant population, which provides input on program development and implementation.

Section C:

Purpose and Intent of the CAB

Organizations and communities must determine who CABs are intended to serve and to whom CABs are accountable. Historically, interests of organizations and their funders have received more attention and even been favored over the interests of PWUD and their communities. Focus group participants suggested that it was important to emphasize the interests of parties other than the organization.

Example parties that CABs may serve and be accountable to include...

...the organization. The CAB may be accountable to the organization, but it should not function primarily to serve the interests of the organization. It serves at the will of the organization because, should the CAB fail to meet its intended purpose, ultimate accountability for the program falls to the organization. If the program and/or any activities of the CAB are funded by or through the organization, accountability to the organization may also mean accountability to the funder.

...the community. The CAB may be accountable to the community as a function of its accountability to the organization. This applies only if the organization is actually accountable to the community. Ultimately, the CAB's decisions and recommendations should serve the interests of the

community, which may be defined broadly or more narrowly refer to PWLE, PWUD, and program participants.

...PWLE, PWUD, and program participants. Many focus group participants felt that CAB decisions and recommendations of the board should be specifically in the best interest of PWLE, PWUD, program participants, and even other people in the community who are most harmed by the war on drugs. Those that felt this way felt it very strongly.

Section D: Membership composition, recruitment, selection, compensation, and removal

The membership recommendations below, informed by focus group participants, are distinct from those for a participant advisory board which might be comprised solely of PWUD or specifically of current or former participants of a program. CABs should include program participants but also include broader membership representative of the wider community.

CAB members should be...

...diverse and representative. CAB membership should be diverse and representative of diversity in the community. Distribution across member types should be balanced, avoiding over-representation of stakeholder organization representatives or others with no lived and living experience.

...committed. All members should demonstrate commitment to the work of the CAB and to supporting the SSP.

...formally designated. A group of official members is necessary, but all meeting attendees may not need to be formal members. Though challenging, CABs may choose to begin as an open space hosted by the organization with no membership structure, supporting community participants to co-create a structure over time.

...of a set number. Ideal board size may vary considerably between communities. Focus groups which informed this Framework pointed to an ideal size of 9-10 members. PWLE should occupy multiple positions, while other member types may only require one representative. Board size should be considered in the context of decision-making processes if voting is used or quorums are required.

A wide array of member types may be considered. CABs may have designated seats for specific member types, may consider the types of desired members during recruitment and selection, or may select members based upon other criteria while still ensuring balance of member types.

Focus group participants suggested more suitable member types than could fit on a board of the suggested size. Boards should strive to first prioritize PWLE and PWUD members and then fill remaining seats with members of other suggested types.

Members with lived and living experience. PWLE, PWUD, and people who use, have used, or are eligible to use SSP services must be involved with the CAB. Diversity of members should include diverse drug use histories among PWLE members. At least some should be full members and treated as such in all ways, not trotted out, tokenized, or limited to sharing only about lived and/or living experience. Lived and living experiences are expertise of equal value to experiences of other members. Living experience is of equal or greater value than past lived experience, with recent and ongoing experiences providing the timeliest insight into current needs of program participants and the community.

This is because past lived experiences have a shelf life. Trends in drug use and drug supplies change. Those with past lived experience may not be aware of these changes. People with ongoing living experience offer insight into current trends that SSPs must consider. This insight ensures that program practices around safer use, wound care, drug checking, and more meet the current needs of program participants.

Publicly “outing” people for their experience by communicating that they fill a seat designated for a PWLE should be considered with great caution. Unwanted disclosure of drug use can have significant negative consequences. Allowing self-disclosure minimizes risk of undue harm.

When PWLE are unsure about serving as members, CABs may support participation in open meetings, encouraging a strengths-based approach to self-determination of the nature and extent of a participant’s involvement.

Member types to fill remaining seats should be selected according to the unique needs of the community in which the program operates. For example, a program operating in a community with ongoing complaints from businesses about unhoused participants may prioritize one remaining seat for a business owner, one for a social service organization worker, and one for an individual with experience being unhoused. The remaining recommended types are listed below. Some types are likely to overlap with others and are noted with an asterisk (*).

Other member types suitable for a CAB include...

...business owners. They should do business in communities where the program provides services.

...community leaders. Such leaders should come from communities served by the program and do not need to hold a formal role or title. These members should be active in the community and already occupy positions of trust.

...faith leaders. Whether in formal or informal roles, such individuals are considered leaders to people of faith within communities where the program provides services.

...*funding or grant experts. Individuals with extensive knowledge or experience accessing, monitoring, or directly using funds that support SSPs and related programs.

...government employees. Local and state workers from government agencies whose work is relevant to the program and the community.

...*healthcare professionals. These may include medical doctors, nurse practitioners, and other physicians, nurses, therapists, psychiatrists, substance use counselors, social workers, and many other types of somatic and behavioral healthcare providers.

...local policymakers. Elected to represent communities where the program provides services.

...others who utilize SSPs but may not use drugs. Such individuals may include people who inject hormones or silicone as part of gender-affirming care and people who inject insulin.

...*outreach workers. These workers may or may not work at an SSP but should be familiar with them.

...*public health professionals. Individuals working to protect and improve the health of populations and communities, whether or not they are employed at a designated public health organization.

...sex workers. People who sell sex should be considered whether or not they use(d) drugs.

...social service organization workers. These workers may represent agencies that provide housing and shelter services, food, advocacy, or other supportive services that program participants may access.

Member types NOT suitable for a CAB include...

...discriminators and oppressors. This type includes anyone who decreases the physical or psychological safety of any physical or virtual spaces where CAB activities occur. It may include those who threaten physical violence or aggression and those perceived by the community to be racist, sexist, transphobic, homophobic, xenophobic, Islamophobic, anti-Semitic, ableist, ageist, or to otherwise operate from a place of stigma or prejudice.

...law enforcement. This includes all those working in public safety or criminal justice roles. Some focus group participants suggested that law enforcement should be included as members, but most explicitly discouraged inclusion of such members.

...non-supporters of SSPs. People who don't support or understand SSPs, whether actively or passively opposed. This type may include "NIMBYs", an acronym for "Not In My Back Yard", which refers to people who may support a program or service elsewhere so long as it does not operate in their own communities.

...profit- and prestige-seekers. Anyone perceived by the community to be interested in the CAB solely for reasons of monetary gain, prestige, or other personal or organizational benefit. This should not be construed as to exclude members who take pride in their work or who request compensation for their contributions.

Member term length. Ideal term length may vary considerably between communities. Focus groups which informed this Framework pointed to an ideal length of 1 to 2 years. CABS may or may not limit number of terms members may serve, but implementing term limits encourages inclusion of new members and ideas.

Member recruitment. Member recruitment should be conducted by existing members. Organizations must see to initial recruitment and may pass off recruitment duties after convening the first group of members.

Recruitment messaging should be multimodal, potentially including digital advertising, social media, and print flyers, and should be pushed out in partnership with substance use service providers, outreach workers, existing community groups, and others. Recruitment materials should clearly communicate basic expectations for membership and details about application or selection processes. Recruitment and selection efforts should seek to bring forth voices that are not always heard, bringing in members who will push the organization and the program to think in new and different ways.

Member selection. As with recruitment, member selection should be conducted by the CAB or in partnership between the CAB and the organization, but the organization must support selection until the first group of members is convened. Once the CAB has formed, ongoing recruitment and selection may be the responsibility of the full CAB, of a subcommittee of members, or of a combined group of members and organization staff. Selection process components may include, but are not limited to, nomination of candidates, application submission, application review by individuals or committee, applicant interest meetings, applicant interviews, candidate scoring tools, candidate presentation to the organization or CAB, community vote, CAB vote, or a combination of two or more of these or other components. If the CAB has predetermined seats for specific member types, members who fit multiple types should be selected based upon one type and not fill multiple seats.

Member compensation. Fair compensation, at a rate determined in consultation with PWLE and PWUD in the community, should be offered to all CAB members who are not participating as a representative of a paid employer organization. Compensation for otherwise unpaid work communicates to members that lived and living experience is of equal value to the professional and educational experience for which other members are already compensated. Compensation should be made preferably for all time spent conducting CAB business, but at minimum for time spent attending meetings. Compensation should be monetary, but, if required by funding parameters, it may be framed as reimbursement for transportation or technology costs. To support compensation of members who are PWLE, the organization may consider consulting Open Society Foundation's *Harm Reduction at Work* [24] and NASTAD's *Harm Reduction Hacks* [25].

Member removal. If a member fails to meet expectations or is no longer acting in the interest of those the CAB is intended to serve, members may be removed. Stakeholder organization representatives who change job roles at their organization may also be considered for removal if they no longer fit the member type for the seat they were selected to fill. Removal should be according to a pre-established process, perhaps included in bylaws, created by the CAB or co-created by the CAB and the organization, approved by members at the time of creation, and communicated to all members at the start of their term. Removal processes should include an investigation or assessment component, conducted as transparently as possible. The process should encourage early discussion of the concerns with the member in question by CAB leadership and may consider a probationary period as an alternative to immediate removal.

Section E: Member expectations

Focus group participants shared that in past board experiences, expectations were often unclear. They emphasized that clarity was critical for member success.

Expectations for members should be...

...co-created. Expectations should be set by CAB members or co-created by the CAB and the organization.

...effectively communicated. Expectations for members should be communicated clearly and in writing as soon as they are set, whether set by the organization, CAB members, or jointly. All members should be informed of expectations at minimum at the start of their first term, but it's preferable for expectations to be revisited and restated routinely.

...defined in agreements. Minimum expectations for participation should be included as part of a written agreement signed by each member. Minimum expectations should be expanded upon in greater detail in a manual or guide with support of organization staff. The manual or guide should establish shared language which is made available at meetings, as described in Section F: Meeting format, structure, location, and frequency, and included in training materials, as described in Section L: Member onboarding, training, and support.

Expectations should specifically include...

...awareness of program services. Members should physically see program services in action to inform their decisions and recommendations.

...committed engagement. As far as they are able, members should come prepared to all meetings and remain attentive and engaged.

...considerations for people with living experience. The CAB and the organization should develop specific expectations about use of drugs before and during meetings which may impact participation. This is discussed further in Section K: Considerations for members with lived and living experience with drug use.

Section F:

Meeting format, structure, location, and frequency

Focus groups participants emphasized that all aspects of meetings should be open to revision by members unless a change is out of the scope of control of the organization or would prevent the CAB from fulfilling its purpose.

In-person, virtual, and hybrid meeting formats. In-person meeting format may be preferred but hybrid and virtual options should be considered if they support participation. In-person format may be especially preferred for community members and PWLE members. If in-person meetings are held, members should be expected to attend at least some each year, with in-person participation perhaps most important when the CAB is first established. When meetings are very frequent, virtual format or alternating between virtual and in-person formats may support better engagement. The chosen platform for virtual meetings should be acceptable to community members, regardless the organization's platform of choice.

Open and closed meeting formats. Meetings may be open to the public or closed to members only depending upon the nature of business undertaken at a given meeting. Open meetings may involve community members or guest speakers who have been invited to speak. Open meetings are valuable when discussing items of significant impact to the community and when public input or public trust is critical. Closed

meetings may be appropriate when discussing program policies and procedures in great detail or during working meetings where topics will be revisited in future meetings before decisions are made or recommendations issued. Every upcoming meeting's format should be communicated publicly in advance.

Meeting structure. Meeting spaces should be intentionally welcoming, affirming, celebratory, appreciative, and respectful. Food and beverages should be provided during in-person meetings whenever possible. Members may not have consistent access to food or drink and cannot be expected to meaningfully participate when basic needs are unmet. Each meeting should have a clear plan, such as in the form of a written agenda. Agenda items may include member socialization time, guest speakers, updates from the program, the organization, and members, items requiring follow-up from previous meetings, and/or committee discussion, decision-making, and development or presentation of recommendations. The agenda may vary between meetings and should be adaptable and flexible within a given meeting. Meeting agendas may be set by CAB members with input from and in coordination with organization staff. The full CAB may conduct all activities in full member meetings, or some activities may be assigned to subcommittees.

Meeting location. In-person meeting spaces should be within communities where services are provided, accessible via public transportation, convenient and affordable to park, universally accessible including for people with disabilities, and safe for members. Locations should not require IDs to be furnished for entrance, should not require sign-in at entry, and should not have any security or law enforcement presence unless invited to attend by the CAB. Meeting spaces may change routinely if rotation supports member and community engagement.

Meeting length. Meetings may be between 1 and 2 hours long and should be run efficiently and effectively, making good use of allotted time. The organization and CAB may consider holding longer retreat-style meetings early in the CAB's formation or on an annual basis to support member training and engagement.

Meeting frequency. Meetings should be weekly or biweekly at first. Early on, the organization and CAB work to build trust and establish concrete goals. As the CAB begins running smoothly, frequency may decrease, with ongoing meetings held monthly, bimonthly, or quarterly, depending upon the goals of the CAB and at the discretion of its members.

Meeting timing, transportation access, and other barriers may impact meeting attendance. Barriers to meeting attendance which can be addressed via organization and CAB leadership support mechanisms are detailed in Section K: Considerations for members with lived and living experience with drug use and Section L: Member onboarding, training, and support.

Section G: Leadership of the CAB and the role of the organization and its staff

To their dismay, focus group participants did not have much experience with CABs that meaningfully involved PWLE and PWUD in leadership roles. Leadership should be a collaborative effort between organization staff and CAB members.

Leadership of the CAB. Organization staff should support leadership of the board, but leadership should ultimately be provided by CAB members, especially those who are PWLE and community members. Leadership duties should be clearly defined, but such duties may be assigned to specific roles or spread across members à la carte. If specific roles are created, they may be assigned to members or members may rotate between roles according to a predetermined process or as need arises. Role assignment should be guided by members. If specific roles are assigned to members, all members should still contribute meaningfully, with power shared. Those performing leadership functions are responsible for member success and should hold all members accountable to expectations regardless of their role or background.

Role of the organization and its staff. The organization should maintain active and open communication with all members. At least one

organization staff member should serve as liaison to the CAB and be present during meetings, but total organization staff participation should be limited. Staff should only participate as needed and when relevant to meeting business. Participating staff must have a clear reason for involvement, and the organization should recognize that not every staff person is the right fit to support the CAB, whether for reasons of role function, personality, or manner of engagement with community and PWLE. Organization staff serve a supportive role, with potential duties including managing CAB communications, sharing organization updates, scheduling meetings, developing agendas, recording and sharing minutes, conducting follow-up, meeting member needs for effective participation, communicating expectations, or passing CAB recommendations to the program and others at the organization.

Section H: Nature and form of CAB recommendations to the organization

Focus group participants agreed that recommendation-making processes should be formalized. Those with past CAB experiences noted that members serving as stakeholder organization representatives should consider both their opinions as individuals and those of their organization when engaging in decision-making around CAB recommendations.

Nature of recommendations. As an SSP CAB, the CAB's recommendations should be related or of impact to the program. Aspects of the program suitable for recommendations include, but are not limited to, service delivery hours, service delivery model, service locations, SSP supply type and quantities provided, scope of services, program policy and procedure development and implementation, participant engagement strategies, funding, collaborations and partnerships, and emerging challenges or threats to the program. The CAB may also make recommendations about the internal and external advocacy work of the organization when such work is relevant to the program or the participants and communities it serves.

Form of recommendations. Recommendations should be made in writing by CABs and shared with the organization. A recommendation template document may support routinization of the recommendation-making process. CABs should consider separate meetings with organization staff to discuss recommendations or include relevant staff in standing meetings when recommendations are presented. When possible, members should be given the opportunity to review the content about which they will make a recommendation in advance of a meeting, including a draft of the recommendation, if available.

Frequency of recommendations. Recommendations may be made according to a predetermined schedule or on a rolling basis, as members find it necessary. They may be made as frequently as meetings are held or less so. A CAB which makes recommendations too infrequently is unlikely to be effective in achieving its goals. It should be allowed that a CAB may not have recommendations to make for some time after initial formation.

Section I: Assessing and ensuring organizational responsiveness to recommendations

Focus group participants' experiences showed that it is critical for organizations to demonstrate responsiveness to CAB recommendations.

Communicating organization abilities and limitations. The organization must be transparent about what it is and is not capable of doing, especially with regards to adopting CAB recommendations.

Disagreement between the CAB and the organization. To resolve disagreements between the CAB and the organization regarding recommendations, both entities should engage in discussion and attempt to reach a middle ground. If the organization does not adopt a recommendation or adopts it in altered form, it should inform the CAB why the decision was made and work with the CAB to identify mutually acceptable solutions. The organization or CAB may also consider bringing in a neutral, third-party skilled facilitator to support mediation.

Board performance and addressing performance issues.

The organization may offer a physical or virtual suggestion box to solicit anonymous feedback on the functioning of the CAB itself. If the organization, team or department, program, program participants, or community ever identify that the CAB, as structured and with current membership, is not fulfilling its intended purpose, the organization may consider dismantling the CAB with the option of rebuilding it anew. A CAB should only be dismantled or rebuilt in partnership with the community. At minimum, this means communicating transparently with community members about the dismantling process and justification for doing so.

Organization responsiveness. The organization should provide timely written responses to recommendations of the CAB, sharing both positive and constructive feedback regardless whether a recommendation is adopted in full, in part, or not at all. If the interests of the community and the organization conflict, the community's interest should take priority. If unexpected or seemingly unresolvable conflicting interests arise, open meeting discussion and utilization of a neutral, third-party skilled facilitator can support resolution. Overall, the organization should remain flexible and open to change and growth in response to recommendations.

Collecting program participant and community feedback. Verbal or written surveys may be effective to collect feedback from program participants. Surveying or other evaluation should occur as close to the time of receiving program services as possible. Evaluation should be conducted as routinely as possible, ideally multiple times each year. PWLE members, program participants, and program staff involved with the board may be selected to conduct evaluation activities. Program participants who engage in evaluation activities should receive monetary compensation or another incentive of acceptable value to them. Soliciting feedback from the community should be integrated into the daily life of the community, using pathways that the community already uses for information-sharing. Connections with other groups and organizations in the community will support accessing existing information-sharing pathways.

Section J: Decision-making processes and resolving member disagreement

Decision-making and conflict resolution are challenging for diverse groups. Focus group participants offered strategies to improve these processes and support positive group dynamics.

Decision-making processes. Decision-making about recommendations should involve discussion and exploration of diverse perspectives. Members should attempt to build consensus during discussion, but a vote should conclude each decision-making process. Voting should be subject to predetermined rules on quorum and the proportion of votes required to approve a recommendation. CAB members should define both quorum and the proportion of votes required to approve a recommendation or pass any other action of the board. The proportion of votes necessary may vary based on the type of decision up for vote and may range from a simple majority to a unanimous vote. When feasible, members absent for a vote should be given the opportunity to comment on meeting content and vote virtually after the meeting. Members with lived and living experience may benefit from resources such as the Canadian Association of People who Use Drugs' (CAPUD) guidebook for PWUD engaging in drug policy and decision-making processes [26].

Resolving member disagreement. Members should approach disagreement between each other with decorum as much as is possible. The organization or members serving in leadership roles may provide mediation or utilize a neutral, third-party skilled facilitator if necessary. Members should keep the CAB's purpose at the forefront when working through disagreement. When disagreement that takes place indicates a member is not acting in the best interest of the community, the CAB may consider their removal.

Section K: Considerations for members with lived and living experience with drug use

Meaningful involvement of PWLE and PWUD was the point of greatest importance to focus group participants.

Considerations for members with lived and living experience. The organization and CAB should be as flexible as possible to support participation of PWLE members. Flexibility may extend to meeting times, dates, locations, and more as is necessary to accommodate members' drug use patterns and make participation more feasible. The organization and members serving in leadership roles should routinely check in with all members to ensure they're doing well and offer support as needed, focusing on the specific support that members themselves request. Members who are not serving as stakeholder organization representatives should preferably be compensated for all time spent conducting CAB business and at minimum compensated for time spent attending meetings. Members should receive training to use virtual platforms if their use is required. It is critical that meeting spaces are safe and comfortable for members to express their needs. To make them so, the CAB may look to restorative justice practice [27], learning from models that employ participatory justice [28] and restorative circles [29]. Some members may not have experience participating in program development or group decision-making processes. To prepare members, organizations should be familiar with such resources as CAPUD's *How To Be In The Room: A guidebook preparing people who use(d) drugs for engaging in drug policy processes* [26] and make these resources available to the CAB.

Substance use by members prior to and during CAB activities. It is understandable that members with living experience may use drugs before a meeting, as drug use meets unmet needs and helps some to stay well or otherwise be their best self. Substance use by members should therefore not be prohibited. This may pose a challenge for organizations where policy does not allow substance use in organization space or at organization activities. Such organizations should note that policies can be changed and view the challenge instead as an opportunity to shift organizational culture and embrace harm reduction.

However, members under considerable influence of drugs or alcohol at the time of a meeting may struggle to participate effectively. Member expectations around substance use should therefore focus on a member's ability to effectively participate and meet all other expectations. A focus group participant said they would tell members, **"You can come straight, you can't come intoxicated,"** meaning that as long as members come to meetings prepared and able to participate ("straight") and not completely inebriated ("intoxicated"), using drugs before a meeting shouldn't be an issue. The CAB should determine these specific expectations around substance use before and during meetings. Whatever members decide, expectations should be clearly communicated to all members on an ongoing basis.

Members who are unable to effectively participate in a meeting due to the effects of substance use could communicate with a member serving in a leadership role or the organization staff liaison and then be excused from the meeting. The person notified should then follow up to offer support to the member after the meeting. They should also make every effort to protect the member's privacy and not share the reason for their absence unless necessary for the member's safety or for the CAB to fulfill its purpose. If anyone notices or suspects that a member is under considerable influence during a meeting, another trusted CAB member or leader, organization staff liaison, or other trusted meeting participant should speak with the member and offer support. Care should be taken to speak with the member privately, if possible. The organization and CAB should then ensure that the member receives any support that they request or accept.

Section L:

Member onboarding, training, and support

Focus group participants stressed that structured onboarding, training, and support were necessary for member success.

Member onboarding and training. All members may be required to complete specific training or provide proof of completion of an equivalent training. Required trainings may include a new member orientation, introduction to harm reduction, overview of program services, understanding the system of services available to program participants,

overdose prevention and response, stigma, and other topics that the CAB determines should be required. Members should also be offered training on optional topics, including, but not limited to, conflict resolution, other functions of the organization, relevant advocacy and policy topics, and other topics that the CAB determines should be available. Different members may have different training and support needs based upon their experiences, member type, and role on the CAB. Training and support should be individualized when possible, acknowledging past training that members have received but avoiding the assumption that members will come knowing everything needed to be successful.

All training should be locally relevant to communities where services are provided. A shared language should be developed and used, with a physical list of terms and definitions available at every meeting. One participant illustrated this by saying, "**Not all community members speak 'Hopkins,'**" referring to use of inaccessible academic language.

Member support and addressing barriers to participation. Expectations for members should be reviewed regularly to ensure understanding. Organization staff and members serving leadership functions should use multiple modes of communication to reach members, including email, text messaging, phone calls, word of mouth, and other available modes of communication. Some members may find it helpful for staff and CAB leaders to repeat important information as many times as there is an opportunity to do so.

Dedicating time to CAB activities may be challenging for some members. Compensating those with lived and living experience acknowledges the value of member time and supports attendance and participation.

The organization should consider addressing childcare needs, going so far as to provide childcare during meetings, if possible. Transportation costs should be supplemented or fully reimbursed when possible. Meeting times should accommodate members' lives and existing obligations. The organization should facilitate access to wellness opportunities and other resources to support members. The organization should also be aware that when the dominant culture or language of organization staff differs from that of the community and CAB members, communication and

Understanding may become challenging. The organization can address this by ensuring its staff reflect the communities that the program serves.

Template support materials. Member orientation, training, and expectation-setting templates were developed based upon this subsection's recommendations. Materials are available for download at bit.ly/SSPCABResources.





CONSIDERATIONS FOR IMPLEMENTATION

This Framework, informed by voices of people critical to establishing an SSP CAB in any community, can serve as a starting point and a guide, but should not be used as a definitive source of all answers. Whether in Baltimore or elsewhere, additional community members, PWLE, PWUD, and stakeholder organization representatives should be consulted when establishing or making changes to a CAB, and the abilities and limitations of the program and the organization must be considered.

While it is important to learn from others engaged in similar work, different CABs may look different depending upon the SSPs they advise and the communities in which they provide services.

The message shared most clearly by focus group participants was that not only are the voices of community members, PWLE, and PWUD critical to CAB success, but that these most impacted groups should be involved as

members and have a true say in the structure and operations of the CAB. It was also clear that substance use by members before and during meetings should not be prohibited, but its impact on members' ability to participate effectively should be considered.

Organizations must note that while CAB members should largely determine how their work is structured, some ways of working may be more advantageous than others, and organizations should support effectiveness. To be effective, the organization operating the SSP should support the CAB, not run it, even if the organization is ultimately responsible for the board's functioning.

This all requires organizations and programs to share power in ways they may not have always done. It may be challenging, but participants felt strongly that it's not only worthwhile, but truly possible.

To support implementation of an SSP CAB, template budgets, policies and procedures, and member orientation, training, and expectation-setting documents are available for download at bit.ly/SSPCABResources. Requests for additional support materials may be submitted to sspcabframework@gmail.com.

LIMITATIONS & FUTURE WORK

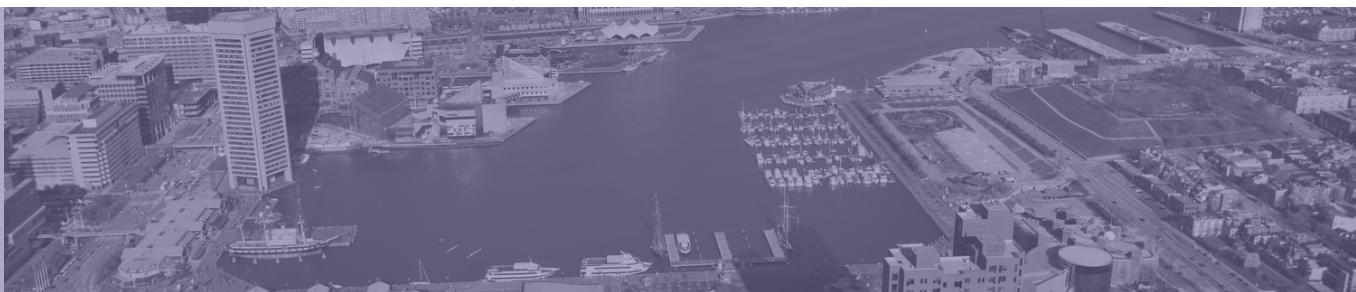
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Total participation in focus groups that informed Framework development was less than planned. Some groups with only one attendee shifted to interview format, potentially shaping richness of conversation and quality of data collected. However, later groups largely repeated themes that emerged in earlier groups, indicating that saturation was achieved.

Due to time, resource, and scope limitations, focus groups did not include community members who were not current or former staff or external stakeholders of the organization. Input from such individuals should be sought in the future. However, many focus group participants had direct experience as CAB members.

When applying the Framework, organizations and communities should consider that SSPs are subject to local laws and regulations which may impose limits on what programs are able to do. For example, in Baltimore, Maryland, where the focus groups to develop this Framework took place, state law grants regulatory authority of SSPs to the Maryland Department of Health [30,31], which then outlines requirements and suggests best practices to organizations applying to operate an SSP. When utilizing public funding, such as government grants, a program may also be limited in the type and scope of services it's able to provide. When CAB recommendations are not feasible within legal, regulatory, or funding parameters, the organization may be unable to adopt CAB recommendations. Some Framework recommendations may similarly not be feasible for legal, regulatory, or funding-related reasons.

To expand this Framework and the study that informed its development, it would be useful to track and evaluate its application in community. Additional focus groups might also be conducted with those involved in applying the Framework, supporting an understanding of its utility and how it may be further improved.



REFERENCES

1. **CDC.** Syringe Services Programs (SSPs) [Internet]. 2021 [cited 2023 Jul 15]. Available from: <https://www.cdc.gov/ssp/index.html>
2. **Spencer MR, Miniño AM, Warner M.** Drug overdose deaths in the United States, 2001-2021. NCHS Data Brief. 2022;1-8.
3. **Kariisa M, Davis NL, Kumar S, Seth P, Mattson CL, Chowdhury F, et al.** Vital Signs: Drug Overdose Deaths, by Selected and Social Determinants of Health Characteristics - 25 States and the District of Columbia, 2019-2020. MMWR Morb Mortal Wkly Rep. 2022;71:940-7.
4. **Danforth S.** Community Advisory Boards Are Easy to Do [Internet]. 2023. Available from: <https://docs.google.com/presentation/d/1sE19N-w-Zejlgv8HSErHJGwSVdK2Z6v3/edit#slide=id.p1>
5. **Claborn KR, Creech S, Whittfield Q, Parra-Cardona R, Daugherty A, Benzer J.** Ethical by Design: Engaging the Community to Co-design a Digital Health Ecosystem to Improve Overdose Prevention Efforts Among Highly Vulnerable People Who Use Drugs. Front Digit Health. 2022;4:880849.
6. **Claborn K, Samora J, McCormick K, Whittfield Q, Courtois F, Lozada K, et al.** “We do it ourselves”: strengths and opportunities for improving the practice of harm reduction. Harm Reduct J. 2023;20:70.
7. **Kimmel SD, Gaeta JM, Hadland SE, Hallett E, Marshall BDL.** Principles of Harm Reduction for Young People Who Use Drugs. Pediatrics. 2021;147:S240-8.
8. **Harm Reduction Considerations for Adolescents and Young Adults: Winter Exchange Article - NACCHO [Internet].** [cited 2024 Feb 3]. Available from: <https://www.naccho.org/blog/articles/harm-reduction-considerations-for-adolescents-and-young-adults-winter-exchange-article>



9. Co-designing with young people: The fundamentals - Oxygen, Revolution in Mind [Internet]. [cited 2024 Feb 3].

Available from: <https://orygen.org.au/Training/Resources/Service-knowledge-and-development/Guidelines/Co-designing-with-young-people-The-fundamentals>

10. King PT, Cormack D, Edwards R, Harris R, Paine S-J. Co-design for indigenous and other children and young people from priority social groups: A systematic review. *SSM Popul Health*. 2022;18:101077.

11. Fischer NR. School-based harm reduction with adolescents: a pilot study. *Subst Abuse Treat Prev Policy*. 2022;17:79.

12. Maryland Department of Health, Vital Statistics Administration. Unintentional Drug-and Alcohol-Related Intoxication Deaths in Maryland, 2021 [Internet]. 2023 Aug. Available from: https://health.maryland.gov/vsa/Documents/Overdose/2021_AnnualIntoxDeathReport.pdf

13. Behavioral Health System Baltimore, Inc. Vision, Mission, Values [Internet]. Behavioral Health System Baltimore. 2018 [cited 2023 Jul 16]. Available from: <https://www.bhsbaltimore.org/about-us/vision-mission-values/>

14. Behavioral Health System Baltimore, Inc. Bmore POWER [Internet]. Behavioral Health System Baltimore. 2022 [cited 2023 Jul 16]. Available from: <https://www.bhsbaltimore.org/bmore-power-2/>

15. Desmon S. Go Slow: Using Harm-Reduction Messages to Save Lives in Baltimore [Internet]. 2018 [cited 2023 Jul 16]. Available from: <https://ccp.jhu.edu/2018/07/30/reducing-overdose-deaths-baltimore/>

16. Johns Hopkins University Center for Communication Programs, Behavioral Health System Baltimore, Inc. Fentanyl is Here. Go Slow. Have a Plan [Internet]. [cited 2023 Jul 16]. Available from: <https://goslow.org/>

17. National Harm Reduction Coalition. Principles of Harm Reduction [Internet]. National Harm Reduction Coalition. [cited 2023 Jul 16]. Available from: <https://harmreduction.org/about-us/principles-of-harm-reduction/>

18. JSI Research & Training Institute, NASTAD. Glossary of HIV and Opioid Use Disorder Service Systems Terms [Internet]. Strengthening Systems of Care for People with HIV & Opioid Use Disorder. 2021 [cited 2023 Jul 16]. Available from: <https://ssc.jsi.com/resources/glossary-of-terms>

19. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Engaging People with Lived Experience to Improve Federal Research, Policy, and Practice [Internet]. Office of the Assistant Secretary for Planning and Evaluation. [cited 2023 Jul 16]. Available from: <https://aspe.hhs.gov/lived-experience>

- 20. Nevedal AL, Reardon CM, Opra Widerquist MA, Jackson GL, Cutrona SL, White BS, et al.** Rapid versus traditional qualitative analysis using the Consolidated Framework for Implementation Research (CFIR). *Implement Sci.* 2021;16:67.
- 21. Gale NK, Heath G, Cameron E, Rashid S, Redwood S.** Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC Med Res Methodol.* 2013;13:117.
- 22. Lewinski AA, Crowley MJ, Miller C, Bosworth HB, Jackson GL, Steinhauer K, et al.** Applied Rapid Qualitative Analysis to Develop a Contextually Appropriate Intervention and Increase the Likelihood of Uptake. *Med Care.* 2021;59:S242–51.
- 23. EGM Consulting, LLC.** Planning CHATT: Sample Focus Group “Script” or Discussion Guide For People Living With HIV Who are Out of Care or Recently Entered Care Focus Group [Internet]. 2021. Available from: https://targethiv.org/sites/default/files/media/documents/2021-10/CHATT-FocusGroupMaterials_attachment4_508.pdf
- 24. Balian R, White C.** Harm Reduction at Work: A Guide for Organizations Employing People who Use Drugs. Curtis M, Saucier R, Silva P, Wolfe D, editors. Open Society Foundations; 2010.
- 25. NASTAD, Balanced Imperfections.** Harm Reduction Hacks [Internet]. Nastad.org. 2022 [cited 2023 Jul 30]. Available from: <https://nastad.org/resources/harm-reduction-hacks>
- 26. Creators Canadian Association of People who Use Drugs.** Touesnard, N1 Bonn, M1 Show affiliations 1. Canadian Association of People who Use Drugs. How To Be In The Room: A guidebook preparing people who use(d) drugs for engaging in drug policy processes [Internet]. Available from: <https://zenodo.org/records/5155903>
- 27. Zehr H.** The Little Book of Restorative Justice: Revised and Updated. Simon and Schuster; 2015.
- 28. Dzur AW.** Civic implications of restorative justice theory: Citizen participation and criminal justice policy. *Policy Sci.* 2003;36:279–306.
- 29. Lodi E, Perrella L, Lepri GL, Scarpa ML, Patrizi P.** Use of Restorative Justice and Restorative Practices at School: A Systematic Literature Review. *Int J Environ Res Public Health* [Internet]. 2021;19. Available from: <http://dx.doi.org/10.3390/ijerph19010096>
- 30. Maryland General Assembly.** Health-General Article, §§24-901—24-909, Annotated Code of Maryland [Internet]. Maryland General Assembly. [cited 2023 Jul 16]. Available from: <https://law.justia.com/codes/maryland/2022/health-general/title-24/subtitle-9/section-24-901/>

31. Maryland Division of State Documents. Annotated Code of Maryland 10.52.01.00: Opioid-Associated Disease Prevention and Outreach Programs [Internet]. Maryland Division of State Documents. [cited 2023 Jul 16]. Available from: <https://dsd.maryland.gov/Pages/COMARSearch.aspx>

