



Glossary of HIV and Opioid Use Disorder Service Systems Terms



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The HRSA-funded initiative Strengthening Systems of Care for People with HIV and Opioid Use Disorder (OUD) provides coordinated technical assistance across HIV and behavioral health/substance use service providers. The project aims to enhance system-level coordination and networks of care among Ryan White HIV/AIDS Program recipients and other federal, state, and local entities. The purpose of this initiative is to ensure that people with HIV and OUD have access to care, treatment, and recovery services that are client-centered and culturally responsive.

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INTRODUCTION



This glossary includes terms describing key concepts and components of the HIV and opioid use disorder (OUD) care and treatment systems. It is designed to support cross-sector communication and collaboration among providers, administrators, agency staff, and consumers as they strengthen these systems to offer integrated, high-quality care for people with HIV and OUD. Use this glossary to increase understanding among staff in each sector of clinical, service delivery, and service setting terms and acronyms used by staff in the other sector.



HIV SERVICE SYSTEM TERMS

AIDS Drug Assistance Program (ADAP): The ADAP, administered under RWHAP Part B in each state, provides access to antiretroviral and other HIV-related medications for people with low income with HIV. ADAP funds may also be used to pay for health coverage, co-pays, and deductibles.

AIDS Education and Training Centers (AETC): AETCs are network of regional and national centers funded under RWHAP Part F that provide targeted, multidisciplinary education and training programs for health care providers serving people with HIV.

Antiretroviral therapy: A combination of medications used to treat HIV, ART blocks HIV replication, decreasing the amount of HIV in blood and other bodily fluids.

Client: An individual who receives services funded by the RWHAP. The term “consumer” is also used to refer to RWHAP clients.

Eligible Metropolitan Area (EMA): Metropolitan areas that are eligible to receive RWHAP Part A funds. To qualify for EMA status, an area must have reported more than 2,000 AIDS cases in the most recent five years and have a population of at least 50,000. The boundaries of EMAs may span more than one state. ([See Transitional Grant Area](#))

HIV care continuum: The HIV care continuum is a public health model that outlines the steps or stages that people with HIV go through, from diagnosis to achieving and maintaining viral suppression (a very low or undetectable amount of HIV in the body). The steps, illustrated in [this HIV.gov care continuum image](#), are:

- diagnosis of HIV
- linkage to HIV medical care
- receipt of HIV medical care
- retention in medical care
- achievement and maintenance of viral suppression.

([See viral suppression](#))

HIV testing: Getting tested for HIV allows people to learn their status, make decisions to prevent HIV transmission, and access HIV prevention, care, and treatment services. In addition to health care settings, HIV testing may be done in community-based organizations, syringe services programs (SSPs), substance use treatment settings, corrections system settings, and mobile vans. There are three types of HIV tests: nucleic acid tests, antibody/antigen tests and antibody tests, all of which are able to detect HIV infection after the “window period” has passed. The window period is the time between when a person is exposed to HIV and when a test can accurately detect it. Its length depends on the type of test (indicated below) and varies from person to person. All positive HIV test results are confirmed with a different second test.

- **Nucleic acid test:** A NAT looks for the actual virus in the blood and involves drawing blood from a vein. This test is very expensive and not routinely used for screening individuals unless they recently had a high-risk exposure or have early symptoms of HIV infection. A NAT can detect HIV 10–33 days after exposure.
- **Antibody/antigen test:** An antigen/antibody test looks for both HIV antibodies and antigens. Antibodies are produced by the immune system after exposure to viruses. Antigens are foreign substances on the surface of viruses that cause the immune system to activate. With HIV infection, an antigen called p24 is produced even before antibodies develop; “4th generation” HIV tests are able to detect this antigen. Antibody/

antigen laboratory tests involve drawing blood from a vein. A rapid antigen/antibody test that is done with a finger prick is also available. An antigen/antibody test performed by a laboratory on blood from a vein can usually detect HIV 18–45 days after exposure; those using blood from a finger prick can take up to 90 days after exposure.

- **Antibody test:** Antibody tests look for antibodies to HIV in blood or oral fluid. Most rapid tests and the only currently approved HIV self-test are antibody tests. Antibody tests can take 23–90 days to detect HIV infection after an exposure. In general, antibody tests that use blood from a vein can detect HIV sooner after infection than tests done with blood from a finger prick or with oral fluid.

Intersectionality: A framework to describe how overlapping social identities (e.g., race, ethnicity, nationality, gender, sexuality, class, disability, health status) contribute to systemic oppression, discrimination, and disadvantage experienced by an individual. People with HIV and OUD may face compounded stigma, discrimination and disadvantage related to their health status as having both HIV and a substance use disorder.

People with HIV: ‘People with HIV’ and ‘people living with HIV’ are used to refer to individuals with HIV, and are generally preferred as “person-first” non-stigmatizing language.

Post-exposure prophylaxis (PEP): A short-term medication started as soon as possible after high-risk exposure to an infectious disease, such as HIV, hepatitis B virus (HBV), or hepatitis C virus (HCV). The purpose of PEP is to reduce the risk of infection.

Pre-exposure prophylaxis (PrEP): A method for people who do not have HIV to prevent infection through sex or injection drug use by taking a daily pill consistently. PrEP does not prevent other sexually transmitted infections (STIs) so should be used in combination with condoms.

Ryan White HIV/AIDS Program: The Health Resources and Services Administration’s (HRSA) Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV primary medical care, essential support services, and medications for people with low-income with HIV who are uninsured and underserved. The program funds grants to states, cities/counties, and community health providers to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission. More than half of people with diagnosed HIV in the U.S. (over a half million people) receive services through the RWHAP each year. The RWHAP is the *payor of last resort* as specified in the RWHAP legislation. RWHAP-funded programs must ensure that eligible individuals are referred, encouraged, and assisted to enroll in other private and public health coverage programs (i.e., Medicaid, Medicare, private health insurance), and that RWHAP funds are not used to pay for any costs covered by other programs in which the individual is enrolled.

RWHAP funding is divided into five parts, or grant types:

RWHAP Part A	Grants to metropolitan areas hardest hit by the epidemic for HIV medical care and support services.
RWHAP Part B	Grants to states and territories for HIV medical care and support services, including HIV-related medications through the AIDS Drug Assistance Program (ADAP).
RWHAP Part C	Community-based early intervention grants for HIV medical care and support services, including HIV counseling, testing, and linkage to comprehensive care.

RWHAP Part D	Community-based grants for family-centered primary and specialty medical care and support services for infants, children, youth, and women with HIV.
RWHAP Part E	Grant support for five programs--Specials Projects of National Significance (SPNS), AIDS Education and Training Centers (AETCs), HIV Dental Programs, and the Minority AIDS Initiative (MAI).

RWHAP service categories: Categories of services that can be paid for with RWHAP funds include “core medical services” and “support services.”

RWHAP Core Medical Services include:

1. AIDS Drug Assistance Program Treatment
2. Local AIDS Pharmaceutical Assistance Program
3. Early Intervention Services
4. Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals
5. Home and community-based health services
6. Home Health Care
7. Hospice
8. Medical Case Management, including Treatment Adherence Services
9. Medical Nutrition Therapy
10. Mental Health Services
11. Oral Health Care
12. Outpatient/Ambulatory Health Services
13. Substance Abuse Outpatient Care*

RWHAP Support Services include:

1. Child Care Services
2. Emergency Financial Assistance
3. Food Bank/Home Delivered Meals
4. Health Education/Risk Reduction
5. Housing
6. Linguistic Services
7. Medical Transportation
8. Non-Medical Case Management Services
9. Legal Services
10. Outreach Services
11. Psychosocial Services
12. Referral for Healthcare and Support Services
13. Rehabilitation Services
14. Respite Care
15. Substance Abuse Services (residential)*

*“Substance abuse outpatient care” and “substance abuse services (residential)” are the terms used in the RWHAP authorizing legislation, so do not reflect the evolving language in the field, which now refers to substance use or substance use disorder treatment.

Stigma: Irrational or negative attitudes, beliefs, and judgments toward people with a particular characteristic, circumstance, or condition (e.g. socio-economic status, gender, race, sexual orientation, age, medical condition, health status). HIV stigma can diminish the health and well-being of people with HIV by discouraging them from learning their HIV status, accessing treatment, or remaining in care. In many cases, people living with HIV experience more than one type of stigma simultaneously, which compounds the effects on them.

Stigma occurs on many levels, including individual, interpersonal, organizational, and structural/systemic. Stigma at the individual level pertains to personal beliefs, attitudes, and internalization of stigma, including through shame. Interpersonal stigma is manifested in the interaction between individuals, such as health service staff/providers and clients. Stigma at the organizational level encompasses harmful norms and inequitable policies, procedures, and practices. Structural/systemic stigma includes societal-level conditions, cultural norms, and institutional policies that may result in discrimination against particular groups.

Syringe services program (SSP): SSPs are community-based programs that provide a range of harm reduction and support services, including access to and disposal of sterile syringes and injection equipment; wound care; naloxone; testing, vaccination, and linkage to care and treatment for HIV, viral hepatitis, and STIs; linkage to other medical and essential services (e.g., PrEP, housing, health coverage navigation); and referrals to substance use disorder (SUD) treatment. (See also [harm reduction](#), [PrEP](#), [naloxone](#), [substance use disorder](#))

Transitional Grant Area (TGA): Metropolitan areas that are eligible to receive RWHAP Part A funds. To qualify for TGA status, an area must have reported 1,000 – 1,999 new AIDS cases in the most recent five years and a population of at least 50,000. The boundaries of a TGA may span more than one state. ([See Eligible Metropolitan Area](#))

Transitional housing: A supportive but temporary accommodation meant to bridge the gap from a person being unhoused to obtaining permanent housing by offering structure, supervision, support, life skills, and in some cases, education and training.

U=U: Stands for “undetectable equals untransmittable,” meaning that people with HIV who achieve and maintain an undetectable viral load by taking and adhering to antiretroviral therapy as prescribed cannot transmit the virus sexually to others. (See [undetectable viral load](#), [antiretroviral therapy](#), [viral suppression](#))

Undetectable viral load: When the amount of HIV in the blood is too low to be detected with an HIV RNA test. ([See viral load](#), [viral suppression](#))

Viral load: The amount of HIV in a sample of blood. Viral load is reported as the number of HIV RNA copies per milliliter of blood. An important goal of antiretroviral therapy is to suppress a person’s viral load to an undetectable level—a level too low for the virus to be detected by a test. (See [antiretroviral therapy](#), [undetectable viral load](#))

Viral suppression: When antiretroviral therapy reduces a person’s viral load to an undetectable level. Viral suppression does not mean a person is cured; HIV still remains in the body. If ART is discontinued, the person’s viral load will likely return to a detectable level. (See [antiretroviral therapy](#), [viral load](#), [undetectable viral load](#))



OUD SERVICE SYSTEM TERMS

Addiction Technology Transfer Centers (ATTC): ATTCs are a network of regional and national centers funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) that provide multidisciplinary education, training, and resources for professionals in the addictions treatment and recovery services fields.

Behavioral health: A state of mental and emotional well-being, and/or choices and actions that affect wellness. The term behavioral health can also be used to describe the service systems surrounding the promotion of mental health; the prevention and treatment of mental health conditions and substance use disorders (SUDs); and recovery support.

Behavioral health providers: Behavioral health providers treat provide care and treatment for mental health conditions and substance use disorders (SUDs). Behavioral health providers include psychologists, social workers, licensed professional counselors, psychiatrists, and psychiatric/mental health nurses, among others.

Buprenorphine: Buprenorphine is a medication approved by the Food and Drug Administration (FDA) to treat opioid use disorder (OUD) as a medication for addiction treatment (MAT). It suppresses and reduces cravings for opioids. Buprenorphine can be prescribed or dispensed in physician offices, significantly increasing access to treatment. (See [opioid use disorder, medication for addiction treatment](#))

Co-occurring conditions and disorders: People with co-occurring disorders have one or more mental health conditions and one or more substance use disorders at the same time. The disorders need to be determined as independent of the other and not simply symptoms resulting from a single disorder. Formerly called “dual diagnosis” or “dual disorder.”

DATA-waivered provider: The Drug Addiction Treatment Act of 2000 (DATA 2000) permits physicians who meet certain qualifications to treat opioid dependence with medications approved by the FDA—including buprenorphine—in treatment settings other than in opioid treatment programs (OTPs). To do so, physicians must receive a waiver (known as a DATA Waiver) to prescribe, and be:

- licensed under state law
- registered with the Drug Enforcement Administration (DEA) to dispense controlled substances
- qualified by training/certification (addictions/addictions psychiatry certification or approved eight-hour training course)
- capable of referring patients to counseling and other services.

Providers such as physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, and certified nurse midwives can also receive waivers to prescribe, provided they meet all state laws for prescribing and complete a 24-hour training course. (See [opioid treatment programs, medication for addiction treatment](#))

Drug user health services continuum: Health services for people who use drugs range from community-based, which include services such as HIV testing, peer support, and syringe exchange, to clinical, which include more intensive inpatient and outpatient substance use and behavioral health services. Underlying this continuum is a harm reduction philosophy that emphasizes “meeting people where they are” and providing services and support that address the structural and social issues that may contribute to use of drugs instead of relying on a “treatment

only” approach. See page 4 in [Modernizing Public Health to Meet the Needs of People who Use Drugs](#) for an illustration. ([See harm reduction](#)).

Harm reduction: A set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm reduction incorporates a spectrum of strategies that includes respectful, non-judgmental, non-coercive provision of services focused on safer use, managed use, abstinence, meeting people who use drugs “where they are,” and addressing conditions of use along with the use itself. Because harm reduction demands that interventions and policies designed to serve people who use drugs reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction.

Intensive outpatient program (IOP): A time-limited, intensive, non-residential clinical treatment program for substance use disorders that often involves participation in several hours of clinical services several days per week.

Intersectionality: A framework to describe how overlapping social identities (e.g., race, ethnicity, nationality, gender, sexuality, class, disability, health status) contribute to systemic oppression, discrimination, and disadvantage experienced by an individual. People with HIV and OUD may face compounded stigma, discrimination and disadvantage related to their health status as having both HIV and a substance use disorder.

Low-threshold buprenorphine treatment: An approach to providing treatment for opioid use disorder (OUD) with buprenorphine in a way that reduces barriers to access. Low-threshold/low-barrier buprenorphine treatment approaches are flexible and guided by a harm reduction framework, and may include features such as wide availability in places where people with OUD go (e.g., emergency departments, SSPs), same-day prescribing, and continuing treatment despite continued drug use or lapses in care. ([See buprenorphine, OUD, harm reduction, SSP](#)).

Medically supervised withdrawal: Using an opioid agonist in tapering doses or other medications to help an individual who is addicted safely discontinue illicit or prescription opioids. Formerly called “detoxification.” ([See opioid agonist medication](#))

Medication-assisted treatment (MAT): MAT is the use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of opioid and alcohol use disorders. It is also important to address other health conditions during treatment. The FDA approved medications for MAT for OUD are methadone, buprenorphine, and naltrexone. Prescribing one of these is considered best practice for OUD treatment. While the acronym MAT is widely used, the underlying language continues to evolve. Some public health, behavioral health and health care entities use MAT as the acronym for “medication for addiction treatment.”

Medication for opioid use disorder: A term sometimes used instead of MAT, MOUD refers primarily to the medications used to treat opioid use disorders, and not to the complementary counseling and behavioral therapies included in medication-assisted treatment.

Methadone: Methadone is a medication approved by the FDA to treat opioid use disorder (OUD), and to manage pain. It can only be prescribed at an opioid treatment program (OTP). Methadone is a long-acting opioid agonist that when taken daily, reduces opioid cravings and withdrawal and blunts or blocks the effects of opioids. ([See OUD, MAT, opioid treatment program, opioid agonist medication](#)).

Mutual help programs: Organized peer-run support programs, such as Alcoholics Anonymous, SMART Recovery, and LifeRing, in which a group of people meet regularly to discuss experiences associated with a particular condition or personal circumstance they have in common, and to encourage and support each other in helping themselves.

Naloxone (Narcan): A medication approved by FDA to reverse the toxic effects of overdose of opioids. By blocking opioid receptor sites, naloxone helps to counteract life-threatening depression of the central nervous system and respiratory system, allowing a person experiencing an overdose to breathe normally. Naloxone can be injected into a muscle or sprayed into the nose, depending on the packaging of the drug. It is non-addictive, safe, and can be administered with minimal training.

Naltrexone: Naltrexone is a medication approved by the FDA to treat both alcohol use disorder and OUD. Naltrexone blocks the euphoric and sedative effects of opioids. Naltrexone binds and blocks opioid receptors, and reduces and suppresses opioid cravings. For OUD treatment, naltrexone is given as an extended-release intramuscular injectable (often referred to by the brand name Vivitrol).

Office-based opioid treatment (OBOT): Refers to outpatient treatment services for OUD provided in settings other than licensed OTPs. In OBOTs, buprenorphine is prescribed by DATA-waivered providers to patients with OUD. Called office-based addiction treatment (OBAT) in some states. (See [buprenorphine](#), [opioid treatment program](#), [DATA-waivered providers](#)).

Opioid agonist medication: Medications that activate the opioid receptors to prevent withdrawal and reduce cravings. Methadone and buprenorphine are opioid agonist medications.

Opioid misuse: The use of prescription opioids in any way other than as directed by a prescriber. The use of any opioid (prescription or non-prescription) in a manner, situation, amount, or frequency that can cause harm to self or others.

Opioid treatment program (OTP): An accredited treatment program with SAMHSA certification and DEA registration to administer and dispense opioid agonist medications approved by the FDA to treat opioid addiction (e.g., methadone, buprenorphine). OTPs must provide adequate medical, counseling, vocational, educational, and other assessment and treatment services either onsite or by referral to an outside agency or practitioner through a formal agreement. (See [opioid agonist medication](#), [methadone](#), [buprenorphine](#)).

Opioid use disorder (OUD): An OUD is a clinical diagnosis defined as a problematic pattern of opioid use that leads to serious impairment or distress. OUD consists of an overpowering desire to use opioids, increased opioid tolerance, and withdrawal syndrome when discontinued.

Opioids: Natural, synthetic, or semi-synthetic chemicals that interact with opioid receptors on nerve cells in the body and brain, and reduce the intensity of pain signals and feelings of pain. Opioids are a class of drugs that include heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as oxycodone, hydrocodone, codeine, and morphine.

Overdose: Injury to the body (poisoning) that occurs when a drug is taken in excessive amounts (amount will vary due to individual factors, including tolerance). An overdose can be fatal or nonfatal. Opioid overdose can cause respiratory failure, leading to coma, brain damage, and death.

Partial hospitalization: A time-limited, intensive, clinical service that is often medically monitored but is a step in intensity below inpatient hospitalization. A patient may participate in clinical services all-day for days to weeks but resides at home.

Peer recovery specialist: An individual who has lived experience with a mental health condition and/or addiction to

alcohol or other drugs; has completed formal training; and provides one-to-one strength-based support to peers in recovery. Also called “peer support specialist” or “peer recovery coach.”

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

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

Polysubstance use: Concurrent (or co-occurring) use of opioid and non-opioid drugs, such as alcohol, marijuana, methamphetamine, cocaine, and hallucinogens.

Recovery support services: Individual, program, and system-level approaches that foster health and resilience. They:

- help individuals with behavioral health needs to be well, manage symptoms and achieve and maintain abstinence
- reduce barriers to employment, education, and other life goals
- help individuals secure necessary social supports in their chosen community
- may provide housing to support recovery.

Peer support is a key component of recovery support services and includes peer recovery specialists/coaches working one-to-one with clients and in groups. ([See peer recovery specialist](#)).

Recovery: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. All individuals can, with help, achieve the state of health and social function that they determine optimal for their life.

Residential treatment: A model of care for substance use disorders that houses people with others who have the same conditions to provide longer-term rehabilitative therapy in a therapeutic, socially supportive milieu.

Screening, Brief Intervention, and Referral to Treatment (SBIRT): SBIRT is an approach to: quickly assess the severity of alcohol and drug use; facilitate a discussion to increase insight and awareness about substance use and motivation toward behavioral change; and refer those who need further care to treatment.

Stigma: Irrational or negative attitudes, beliefs, and judgments toward people with a particular characteristic, circumstance, or condition (e.g. socio-economic status, gender, race, sexual orientation, age, medical condition, health status). Stigma can diminish the health and well-being of people with substance use disorders by discouraging individuals from sharing their history with providers, seeking and accessing treatment, or remaining in care. In many cases, people with substance use disorders experience more than one type of stigma simultaneously, which compounds the effects on them.

Stigma occurs on many levels, including individual, interpersonal, organizational, and structural/systemic. Stigma at the individual level pertains to personal beliefs, attitudes, and internalization of stigma, including through shame. Interpersonal stigma is manifested in the interaction between individuals, such as health service staff/providers and clients. Stigma at the organizational level encompasses harmful norms and inequitable policies, procedures, and practices. Structural/systemic stigma includes societal-level conditions, cultural norms, and institutional policies that may result in discrimination against particular groups.

Stimulants: Stimulants are a class of drugs that include the illegal drugs methamphetamine, cocaine, and MDMA, and prescription drugs generally used to treat attention deficit hyperactivity disorder.

Substance use disorder (SUD): Substance use disorders are clinical diagnoses that occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home. “Substances” include illicit or illegal drugs, as well as legal drugs such as alcohol, nicotine, and prescription medications.

SUD screening: The goal of SUD screening is to identify individuals who have or are at risk for developing alcohol- or drug-related problems, and within that group, identify individuals who need a referral for further assessment to diagnose their SUD and develop plans for treatment. There are multiple validated SUD screening tools, many of which are suitable for use in primary care and HIV health care settings.

Syringe services program (SSP): SSPs are community-based programs that provide a range of harm reduction and support services, including access to and disposal of sterile syringes and injection equipment; wound care; naloxone; testing, vaccination, and linkage to care and treatment for HIV, viral hepatitis, and STIs; linkage to other medical and essential services (e.g., PrEP, housing, health coverage navigation); and referrals to substance use disorder (SUD) treatment. *(See also [harm reduction](#), [PrEP](#), [naloxone](#), [substance use disorder](#))*

Transitional housing: A supportive but temporary accommodation meant to bridge the gap from a person being unhoused to obtaining permanent housing by offering structure, supervision, support, life skills, and in some cases, education and training.

Withdrawal: Physical, cognitive, and affective symptoms that occur after chronic use of a drug is reduced abruptly or stopped among individuals who have developed tolerance to a drug.



ACRONYMS

ADAP	AIDS Drug Assistance Program
AETC	AIDS Education Training Center
ART	antiretroviral therapy
ATTC	Addiction Technology Transfer Center
CBO	community-based organization
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare and Medicaid Services
DEA	Drug Enforcement Administration
EMA	Eligible Metropolitan Area
FDA	Food and Drug Administration
HAB	HIV/AIDS Bureau
HBV	hepatitis B virus
HCV	hepatitis C virus
HRSA	Health Resources and Services Administration
IDU	injection drug use
IOP	intensive outpatient program
MAT	medication for addiction treatment, medication-assisted treatment
MOUD	medication for opioid use disorder
OBAT	office-based addiction treatment
OBOT	office-based opioid treatment
OTP	opioid treatment program
ODU	opioid use disorder
PEP	post exposure prophylaxis
PLWH	people living with HIV
PrEP	pre-exposure prophylaxis
PWH	people with HIV
PWID	people who inject drugs
PWUD	people who use drugs
RWHAP	Ryan White HIV/AIDS Program
SAMHSA	Substance Abuse and Mental Health Services Administration
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SPNS	Special Projects of National Significance
SSP	syringe services program
STI	sexually transmitted infection
SUD	substance use disorder
TGA	Transitional Grant Area



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