

CONNECTICUT HARM REDUCTION ALLIANCE

SWOT/Gap Analysis from Presentation at Connecticut HIV Planning Consortium

STRENGTHS



- **Largest naloxone distributor** in CT (54% market share)
- **Trusted community relationships** & stigma-free approach
- Staff with **lived experience** enhance credibility & connection
- **Strong partnerships** across sectors (housing, public health, police, schools, etc.)
- **Mobile RVs** with showers, nurses, & outreach capabilities
- **Robust data** on impact (syringe returns, Narcan distribution, opioid overdose prevention trainings)

WEAKNESSES



- **Challenges implementing hepatitis C testing** due to clients not wanting to consent
- **Limited follow-up** with unhoused participants
- **Lack of on-site clinical** services
- **Burnout** risk for frontline staff
- Hard to connect participants to HIV/STI testing consistently
- **Limited referrals** to services such as **PrEP**
- **Gaps in integration** with clinical/syndemic service partners

OPPORTUNITIES



- **Integrate clinical care** or street medicine teams
- Bill **Medicaid** (HUSKY) to expand sustainable services
- **Hire medical doctors** or nurse practitioners for on-site/**mobile care or mobile pharmacy**
- Expand HIV prevention via stronger community partnerships
- Use **creative partnerships** (e.g., Wheeler Clinic) to offer drop-in services
- Provide **Motivational Interviewing training** to staff to help them connect folks with services

THREATS



- **Emerging drug trends:** Increased prevalence of drug contaminants like xylazine & medetomidine (unresponsive to naloxone)
- **Policy** & legal barriers to implementing safe injection sites
- Participant **distrust** in healthcare system & lack of ID
- **Structural barriers:** homelessness, immigration status, MH
- **Staff turnover** or burnout impacting service continuity