

GUIDE TO DEVELOPING AND MANAGING
SYRINGE ACCESS PROGRAMS



HARM REDUCTION COALITION | 2010

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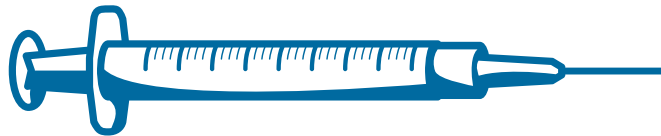
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The Harm Reduction Coalition is a national advocacy and capacity-building organization that promotes the health and dignity of individuals and communities impacted by drug use. HRC advances policies and programs that help people address the adverse effects of drug use including overdose, HIV, hepatitis C, addiction, and incarceration. We recognize that the structures of social inequality impact the lives and options of affected communities differently, and work to uphold every individual's right to health and well-being, as well as in their competence to protect themselves, their loved ones, and their communities.

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TABLE OF CONTENTS

Introduction	6
Harm Reduction Basics	7
Module 1: Planning and Design	
I. Needs Assessment	9
II. Service Delivery Models	14
III. Legal Issues	19
IV. Choosing a Site or Sites	21
V. Hours of Operation	23
VI. Funding Issues	23
Module 2: Operational Issues	
I. Policies and Procedures	27
II. Supplies	35
III. Disposal	42
IV. Overdose Prevention	44
V. Data Collection, Monitoring and Evaluation	45
Module 3: Organizational Issues	
I. Staffing Considerations	51
II. Supervision in a Harm Reduction Workplace	54
III. Staff Training	56
IV. Safety Issues	57
Module 4: External Issues	
I. Outreach to Injection Drug Users	60
II. Community Engagement and Support	62
III. Working with Health Departments	63
IV. Negotiating Relationships with Law Enforcement	64
Module 5: Population-Specific Considerations	
I. Youth	67
II. Sex Workers	68
III. Transgender Persons	70
Appendix	
A. Links to Additional Resources by Topic	73
B. Legal Approaches	80
C. Responding to Common Concerns to Needs-Based Syringe Distribution Policies	83
D. Estimating Necessary Syringe and Supply Quantities	85
E. Overdose Protocols	86
F. Fact Sheets*	
G. Cleaning Syringes: Protocol and References*	
H. Needlestick Protocols*	
I. Sample Job Descriptions*	
J. Sample Forms*	

* Appendices F - J are available online only at harmreduction.org

INTRODUCTION

This manual is designed to outline the process of developing and starting a Syringe Access Program (SAP). It offers practice suggestions and considerations rooted in harm reduction – an approach to drug use that promotes and honors the competence of drug users to protect themselves, their loved ones, and their communities and the belief that drug users have a right to respect, health and life-saving sterile injection equipment.

Throughout this manual, we will refer to programs that provide syringes and needles to injection drug users (IDUs) – whether through a process of exchange, distribution or any other variation – as Syringe Access Programs (SAPs). This term will be used to encompass programs otherwise referred to as needle exchange programs (NEPs), syringe exchange programs (SEPs), needle and syringe programs (NSPs), clean needle programs (CNPs) and/or other commonly used terms. The use of SAPs has been deliberately chosen to emphasize the importance of unhindered access to medical equipment that saves lives.

This manual uses as a starting point the evidence that SAPs:

- Reduce the spread of blood-borne infections such as Human Immunodeficiency Virus (HIV) and the hepatitis C virus (HCV).
- Support the health and well-being of drug users through linkages to drug treatment, medical care, housing and other vital social services.
- Respect, value and prioritize the human rights and dignity of people who use drugs.
- Promote a pragmatic public health-driven approach to substance use and addiction.
- Do NOT encourage, enable or increase drug use.
- Do NOT increase crime rates or criminal activity.
- Do NOT increase needlestick injuries in the community.

These shared understandings have been borne out repeatedly in years of social and scientific research, service provision and above all, from the experience of drug users, their families and their communities. The history of syringe access in the United States is one of innovation, resourcefulness, activism, compassion and a commitment to social justice and the human rights of drug users. Following in this tradition, it is critical that any SAP amplify the voices of drug users and prioritize their involvement at every level.

Developing an SAP and doing the daily work required to keep it up-and-running can be challenging – both physically and emotionally. That said, it can also be tremendously rewarding and meaningful. Creativity, humor, flexibility and the willingness to listen, learn and understand the experiences of those around you will prove to be vital assets.

This manual is simply a guide. It is not meant to be exhaustive, as there are numerous other resources that go into extended detail about many of the topics covered in this manual. We have provided links to these resources whenever possible. Take from this manual the parts that are important and meaningful to you, and leave those pieces that may not apply.

HARM REDUCTION BASICS

GUIDING PRINCIPLES

Harm reduction is a set of practical strategies that reduce negative consequences of drug use, incorporating a spectrum of strategies from safer use, to managed use to abstinence. Harm reduction strategies meet drug users “where they’re at,” addressing conditions of use along with the use itself.

Because harm reduction demands that interventions and policies designed to serve drug users reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction.

HRC considers the following principles central to harm reduction practice.

- Accepts – for better and for worse – that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.
- Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others.
- Establishes quality of individual and community life and well-being—not necessarily cessation of all drug use—as the criteria for successful interventions and policies.
- Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.
- Ensures that drug users and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.
- Affirms drug users themselves as the primary agents of reducing the harms of their drug use, and seeks to empower users to share information and support each other in strategies which meet their actual conditions of use.
- Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people’s vulnerability to and capacity for effectively dealing with drug-related harm.
- Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.

MODULE 1: PLANNING & DESIGN



MODULE 1: PLANNING & DESIGN

NEEDS ASSESSMENT

In the earliest days of syringe access, many projects were initiated with minimal planning and with very little infrastructure. Activists and drug users were simply responding to an urgent crisis in their communities, where staggering numbers of people were getting infected with HIV and viral hepatitis. These programs saved countless lives and paved the way for syringe access as it exists today. Over the years, as the practice of providing sterile injection equipment to drug users has gained acceptance and credibility, lessons learned from early programs have informed later practices and recommendations.

Among the activities that have evolved since the early days of syringe access is a more developed process of needs assessment. Time and resources permitting, comprehensive needs assessment can inform when, where and how the SAP is conducted. Needs assessments can survey the overall social and political landscape under which services will operate – identifying IDU needs and potential allies, while also preparing for opposition and other challenges. A thorough needs assessment – one that is done with the community as opposed to on or about it – can provide a solid foundation on which to build the program, engage stakeholders and best meet the needs of the IDU community. The needs assessment process can be pared down or enhanced depending on the individual circumstances and available resources.

Needs assessments can also be the initial point of contact with many stakeholders, and present a unique opportunity to begin building trust with IDUs and other members of the community. Be as organized in your assessment as you hope to be in running the SAP, and you will gain credibility from the beginning. Take time to listen to people and hear their concerns. Failure to understand the broader community context in which SAPs operate can be detrimental to the viability and long-term sustainability of a project if not handled responsibly and with proper attention and follow-through.

The core elements of a needs assessment process include:

- 1) Identifying all relevant stakeholders
- 2) Review of existing data, policy, resources and services
- 3) Original data collection and analysis

METHODS AND STRATEGIES

Appendix A provides a list of additional resources with extensive information on effective needs assessment strategies. The World Health Organization's *Rapid Assessment and Response Guide on Injection Drug Use* is an important and extremely comprehensive resource with valuable suggestions for collecting information about IDU community needs.

Data collection using both quantitative and qualitative methods will be valuable. Quantitative data collection includes information that can be measured numerically (for example, the *number* of IDUs in the community or HIV incidence rates) and is considered more objective than qualitative data collection. Quantitative data collection will rely on more precise and formal measuring instruments. Conversely, qualitative data collection is generally more descriptive and is concerned with data that can be observed as opposed to measured (for example: How does stigma affect IDU access to services? What are the barriers to practicing safer injection?) Qualitative data often involves interviews or surveys with open-ended questions (i.e., questions that require more than a single-word

AUTHENTIC IDU INVOLVEMENT

IDUs should be involved in the planning and development of an SAP as early as possible, and should have continued roles in decision-making and involvement in daily operations once the program is up and running. Needs assessments are most successful when IDUs are enlisted as partners in making contact with other IDUs, developing research questions, identifying barriers, and providing insight into appropriate times and locations.

IDUs are the experts on injection drug use in their community, and successful SAPs work both for and with them. In addition, early and meaningful IDU involvement in planning and needs assessment will help to gain trust and access to IDU communities.

Most new SAP initiatives will already have some contact with IDUs in the community, whether through personal connections or relationships with program clients. If you work for an agency, do IDUs already access services? Do you have a rapport with IDUs at your agency? Teach-ins about SAPs for IDU participants can be a tool for soliciting involvement in the planning and implementation process. If your budget allows, it is important to offer compensation to IDUs for their time and expert knowledge.

As the SAP develops, consider forming a Participant/User Advisory Board of IDUs who will be available to provide guidance and feedback on all aspects of program development and implementation. IDUs

should have representation on any SAP Board of Directors, and also be recruited and supported as staff, interns and volunteers.

In cases where IDUs need additional staff and/or volunteer training, it should be provided to promote successful involvement and strong information sharing. Considerations should be made when choosing meeting locations, meeting styles and meeting times. Non-IDU team members should also receive training on working with IDUs, and IDUs should be involved in this process of education. In addition, while former users can bring important experience and will sometimes involve fewer organizational challenges, it is also essential to involve active IDUs; they will have the most relevant perspective on the current drug scene.

Policies to protect confidentiality and privacy are essential for working with IDUs. Keep in mind that IDUs are often (understandably) distrustful of people asking questions about their drug use, HIV risks, and lifestyle. Most IDUs have an extensive history of being stigmatized for their drug use and related issues by people claiming to care about them or acting with the best of intentions. Drug use is illegal, and IDUs have adapted by developing any number of survival strategies. The process of building trust may be incremental, and patience is essential. Active listening, consistency and respect for privacy and confidentiality are all important in building strong relationships.

answer). While quantitative data is often used for technical justification of SAPs that is also more difficult to counter with moral arguments (i.e. the value of SAPs for reducing HIV and HCV transmission), qualitative data is also essential for contributing anecdotal evidence of SAP effectiveness and ascertaining the human need and impact that the SAP can have.

Techniques used for needs assessment include, but may not be limited to:

- Face-to-face interviews
- Focus Groups
- Field observations
- Analysis of existing research
- Informal surveys

Be creative. When conducting needs assessment, it is important to reach out to as many constituents as possible, using any or all of the above methods as well as others. For example, focus groups can be conducted with IDUs and service providers (i.e. case managers from local AIDS service organizations), whereas face-to-face interviews may be more appropriate with potential opponents (i.e. politicians, residents, business owners) and law enforcement (i.e. police officers, sheriffs, district attorneys).

ASSESSING THE PUBLIC HEALTH LANDSCAPE

Information on the current public health impact of injection drug use in your community can be a vital tool in advocating for, developing and running an SAP. Important understandings will also come by investigating the drug paraphernalia laws in your county, city and state, as well as other legal issues affecting syringe access. For more information, see the Legal Issues Section and Appendix B in this manual. Key information to have on hand includes estimates of drug use, HIV and hepatitis C in your community, and evidence for the effectiveness of syringe access.

Common online data sources for reference include:

- [The Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#): Presents comprehensive statistics on alcohol, drug use and mental health topics including demographic trends, prevalence data, economic cost analyses, health consequences and much more.
 - ☞ [Drug Abuse Warning Network \(DAWN\)](#): Collects and disseminates surveillance data about drug-related deaths and emergency room visits.
- [The Centers for Disease Control and Prevention \(CDC\)](#): Provides surveillance data and trend information on a wide range of topics including HIV/AIDS, hepatitis C, hepatitis B, needlestick injuries, needle and syringe exchange/access programs and other important topics. Also manages the National Vital Statistics System.
- [National Institutes of Health – National Institutes on Drug Abuse \(NIH/NIDA\)](#): Presents statistical data and trends, resources and fundamental information on topics such as drug use, drug treatment, consequences of drug use, drug use in the workplace, interventions, clinical trials, ongoing research funding sources and other valuable information.

Other relevant information to have on hand may include:

- Local and state HIV and HCV prevalence and/or incidence
 - ☞ Check with your local or state health department or the CDC.
- Cost of chronic HCV and HIV treatment vs. the cost of sterile syringes
 - ☞ By researching the economic cost on communities of treating people with blood-borne infections, you can build a case for the cost-effectiveness of providing sterile syringes. Search for research that has been published in medical journals and/or at SAMHSA; links to more resources can be found in Appendix A.
- Existing services available for IDUs in your community
 - ☞ Mapping services for IDUs in your community will both highlight gaps in care and also build a referral and resource list. SAMHSA has an online list of national substance abuse treatment providers. Follow up with services locally and research existing SAPs, local AIDS service organizations, homeless shelters, food pantries, community-based organizations and other possible resources. Once you have made initial connections, the organizations you contact can most likely link you to additional providers.
- Statistics on drug-related emergency room visits
 - ☞ While this information may be more difficult to track down, check with Health Departments, DAWN and/or local emergency rooms to see if they compile statistics for quarterly or annual reports.
- Overdose rates
 - ☞ Overdose (OD) is a critical public health issue. Statistics about annual deaths and emergency room visits, as well as overall cost on the community, can be used to build support for the SAP. Local information may be available from health departments, while national data may be available at DAWN and the CDC.
- Pharmacy syringe sales, if applicable
 - ☞ If over-the-counter sale of syringes at pharmacies is permitted in your area, contact Health Departments to see if they collect data on the success and use of this program.
- Syringe Disposal Options
 - ☞ Contact hospitals, pharmacies, local waste management and other resources to assess existing disposal options. Also, it can be useful to explore the possibility for expanding disposal options (for example, installation of public “sharps deposit boxes” or “kiosks” – secure mailboxes that can be strategically placed in the area to encourage proper syringe disposal.

HRC's website offers fact sheets on a range of syringe access topics, many of which are listed in Appendix F. Other sources for data, trends and information include, but are not limited to:

- City and State Health Departments
- Community Needs Indexes (where applicable)
- State or City Offices of Vital Records
- Medical Examiners Offices
- Local emergency rooms
- Police reports of drug arrests
- Methadone programs
- Hospital-based and private detoxification programs
- Local drug treatment centers
- Pharmacies and local health-care clinics
- AIDS service organizations and other community-based organizations
- SAPs in other cities and states

In cases where these sources do not have information amassed, interviews with key personnel may be helpful. Compiling information into fact sheets and/or information packages can be helpful and having organized information with documented sources to respond to concerns will support in advocacy for the SAP.

GETTING TO KNOW THE IDU COMMUNITY

SAPs exist to meet the needs of injection drug users. An SAP needs assessment can help to determine exactly what the specific needs of the IDU community are and how they may vary between different groups of injectors. The best source by far for understanding these needs is to talk directly to IDUs themselves.

Consider the following:

- Who is injecting drugs?
 - ☞ Investigate number of people injecting drugs, age, race, ethnicity, housing status, cultural implications of drug use.
- Which drugs are being injected?
 - ☞ Consider form (i.e. powdered cocaine vs. crack, tar heroin vs. powdered heroin, etc.) and common additives or cuts. Findings may influence frequency of injection and/or preferred syringe sizes/gauges (see Module 2: Supplies for more information), other injection equipment necessary, etc.
- When and how frequently is injection occurring?
 - ☞ May influence syringe type, syringe distribution policies, hours of operation.
- Where do injectors hang out?
- Where does drug purchase and injection take place?
- Where are people getting syringes currently?
- How frequently do IDUs reuse and/or share syringes?
- Where are people getting other injecting equipment? How frequently do people share other injecting equipment?
- How and where are people disposing of syringes?
- What is the level of existing knowledge about HIV, HCV, and safer injection?
- To what extent are people practicing safer injection/infection prevention techniques?
- What existing services do people who inject drugs access?
- How frequently is overdose occurring? How are individuals and communities responding to overdose?

The answers to these kinds of questions should inform program model, hours of operation, the kinds and quantity of syringes and other supplies that will be furnished, special services that may be required, and almost every aspect of SAP programming. Responses gathered will also help to justify the need for an SAP and key elements of the program design. The more comprehensive the needs assessment of local drug users, the more meaningful the

services provided will be. Further, the information collected during initial assessment can be revisited and used for comparison as an evaluation tool once the SAP has been established.

GETTING TO KNOW ADDITIONAL STAKEHOLDERS

Understanding who is already in support of SAPs and who may have concerns early on is critical. Consider the following list of potential stakeholders:

- Local Community-Based Organizations (CBOs) and AIDS Service Organizations (ASOs)
- Law enforcement, including police and district attorneys
- Faith-based organizations
- Health departments, other government agencies, and elected officials
- Local community boards, neighborhood groups, tenant and block associations
- Relevant city workers and departments, such as Sanitation Departments, Fire Departments and/or Parks Departments
- Local residents and business owners/managers
- Methadone and other drug treatment programs
- Neighborhood schools and day care programs

By contacting and engaging these stakeholders early in the needs assessment process, you will be able to gauge their level of support or resistance to the program, can gain insight into their experiences with IDUs in the community and address any concerns that they may have proactively. Also, early inclusion of as many stakeholders as possible may avert unanticipated roadblocks, can strengthen proposals for funding if there is multi-agency collaboration and will generally result in a more thorough understanding of community needs.

SERVICE DELIVERY MODELS

There are a number of service delivery models that can be used to make syringes available. SAPs may operate using a single model exclusively, or opt to incorporate a mix of models to broaden their coverage and meet IDU needs in varying contexts. Needs assessment findings can be useful when choosing a service delivery model, many factors may inform which approach or approaches are adopted such as:

- Local drug scene
- Resources and budget
- Staff/volunteer availability
- Organizational structure
- Geographic context (e.g. urban vs. rural)
- Political climate

The following will briefly outline inherent strengths and potential limitations of several syringe delivery models. For additional information and technical assistance, please contact HRC at hrc@harmreduction.org or find us online at www.harmreduction.org.

Fixed Site

The SAP is housed in a building or single location such as a storefront, office, or other similar space. Fixed sites are often more appropriate when IDUs are somewhat centrally located in a particular area.

Fixed sites offer greater opportunity to integrate other services, including drop-in centers, counseling and referral, case management, medical services, HIV and HCV testing, support groups, food provision, abscess and wound care, etc.

STRENGTHS

- Offers shelter from street-based activities
- Opportunity to create a comfortable "safe space" for building trust
- Protection from the weather
- Room for growth and potential expansion into other service areas such as medical care, counseling, acupuncture, etc.
- Increased privacy and out of the direct line-of-sight of local residents, businesses
- On-site storage space
- Easily supports computer-based record-keeping systems
- Privacy for SAP participants

LIMITATIONS

- Participants must come to you
- Potential limitations on hours of operation (including staffing issues)
- Higher overhead and upkeep (including security systems and maintenance)
- Can become the focus of community opposition
- Difficult to stay attuned and adjust to changes in the drug scene, neighborhood development (for example, if your location becomes irrelevant)
- Greater visibility of individual drug users

Mobile/Street Based

Syringe access is conducted by foot or bicycle (especially in urban areas) or by using a vehicle – oftentimes a van, bus, or even motor coach. Stops are made at designated locations at specified times. This method may also be referred to as outreach.

Mobile delivery is useful in situations where drug markets/concentrations of drug users are geographically dispersed or there are limited public transportation options available to participants. Mobile delivery may also be preferred in areas where there is a high likelihood that there will be police surveillance of fixed sites.

Mobile delivery is often used in conjunction with a fixed site program, but may just as easily operate as a stand-alone program. Nonetheless, the legal issues for a mobile delivery model are consistent with fixed sites or other models. It is most often the case that mobile routes are pre-approved and authorization must be sought to adjust or change locations. Working with and educating law enforcement (and other stakeholders) about mobile syringe access is critical to ensure the safety of outreach workers.

Some mobile units/fixtures will also provide ancillary services such as on-site counseling, HIV and/or HCV testing, abscess and wound care, other medical services such as directly-administered antiretroviral therapy and tuberculosis screening and treatment, referrals to drug treatment and access to low-threshold buprenorphine, etc.

Additional information about conducting outreach can be found in Module 4.

STRENGTHS

- Flexibility if the drug scene or neighborhood changes
- Often more acceptable to community residents and businesses
- Informal and low threshold, depending on location (ex. sidewalk or park)
- May reach IDUs less likely or unable to come to a fixed site
- Van potentially allows for expanded service provision

LIMITATIONS

- Harder to deliver ancillary services than with a fixed site
- Inclement weather can dissuade participants from coming to SAP
- Strenuous work conditions (due to the elements and/or issues of personal safety)
- Challenges related to supervising outreach staff
- Van involves high overhead because of insurance, fuel, upkeep, parking, driver, etc.
- Need off-site storage
- Participants will be seen out in the open, which may create privacy concerns

Home Delivery/Urban

Injection supplies are delivered to where a person lives (or another agreed upon site) in the city, such as SRO hotel rooms, scattered site housing and/or shooting galleries. Service delivery can happen on a regular schedule, or by appointment via cell phone or pager. Urban delivery may be combined with mobile or fixed sites and is often useful when groups of IDUs reside or congregate in a single location.

STRENGTHS

- Safer for participants
- Potential for large transactions
- Participants do not need to transport used injection equipment
- Provides opportunity for intimate contact and information-sharing about injection practices, health and other issues
- May reach IDUs less likely or unable to come to program site
- Potential interaction with family and support networks
- May provide more privacy for participants
- Often easier to start up

LIMITATIONS

- Participant needs to be at home
- Requires substantial trust to overcome potential privacy concerns
- Potentially time consuming
- Need mode of transportation for supplies
- May be difficult to sustain
- Need agreement with SRO owner to provide services
- Participant can be put at risk if drug-related activities take place or are exposed in monitored facilities (ex. eviction from City housing)

Home Delivery/Rural

Delivery of injection equipment to where a person lives (or other pre-specified meeting locations) in rural or suburban areas. Appointments can be scheduled on a regular basis, or made as needed via cell phone or pager.

Similar to urban delivery, rural delivery may be combined with other program models to reach participants that would otherwise be unable to access program services. Sustainability of rural delivery can sometimes be an issue due to time and resource demands.

STRENGTHS

- Safer for participants
- Potential for large transactions
- Participants do not need to transport used injection equipment
- Provides opportunity for intimate contact and information-sharing about injection practices, health and other issues
- May reach IDUs less likely or unable to come to program site
- Potential interaction with family and support networks
- May provide more privacy for participants
- Often easier to start up

LIMITATIONS

- Participant needs to be at home
- May be perceived as an invasion of privacy
- Potentially time consuming and difficult to sustain
- Can involve a lot of driving, resulting in high overhead
- Requires a vehicle

Secondary or Peer Delivery Modules

Secondary or peer delivery modules occurs when participating drug users distribute syringes within their drug-using networks after being supplied with equipment by the SAP. Secondary access can be combined with other models and is appropriate in most drug scenes.

It is important to have established policies and procedures in place for secondary and peer-based models, with protections in place for peers. Legal restrictions may limit peer delivery due to issues regarding distribution of paraphernalia; however some areas (such as New York State) have worked with Health Departments to authorize peer delivery. Check local restrictions to ensure peer safety.

In some cases, SAPs have been able to use a peer-based model to increase the likelihood that participants will have access to sterile injection equipment closer to the point of drug purchase or injection.

STRENGTHS

- Taps into peer knowledge of drugs, drug use, and the local drug scene
- Increases access to sterile syringes for groups less likely to access other SAP services (e.g. women, younger IDUs)
- Encourages people to talk about the SAP and may attract new participants
- Empowers peers to provide services to their own community and take ownership in the work
- Extends reach to IDUs less likely or unable to come to program site
- Increased volume of delivery

LIMITATIONS

- Cost of training and supervision of peers
- Possible conflicting identities as peer workers and IDU community members
- Managing boundary issues can be challenging
- Peers may need to collect and transport other participants' used injection equipment

Hospital/Clinic Based

Syringe access is provided out of a hospital or clinic-based setting. Hospital-based delivery may be one avenue for delivery in cities/areas with heightened restrictions on other SAP models, or may be used in conjunction with other models. Doctors also have the capacity to furnish prescriptions for syringes; this may be able to further support expanded syringe access, even in areas where other models are also in place.

STRENGTHS

- Opportunities to get immediate medical care for abscesses and other wounds or health issues
- Access to regular HIV and or HCV testing
- May provide more privacy
- Biohazard disposal likely on-site or otherwise pre established

LIMITATIONS

- Possible negative associations with medical system (i.e. poor medical treatment, stigmatization)
- Potentially clinical and/or cold environment
- Internal referral mechanisms to other health care services may be poor or difficult to access

Integrated Syringe Access Services

An organization serving IDU or related populations adds syringe access into their existing array of services, rather than creating a separate syringe access program. In some cases, syringe access services may be restricted to the programs' clients, rather than available and advertised to all IDUs. Examples of potential settings for integrated services include case management programs, methadone programs, research or clinical studies, homeless shelters, and housing providers.

STRENGTHS

- Pre-existing organizational infrastructure and client base
- Multiple ways of getting syringes to participants, depending on the type of services provided by the agency (mobile, fixed site, delivery, etc)
- May have additional staff or resources available

LIMITATIONS

- Staff may be resistant to new programs & new ideas, especially if the agency follows a traditional abstinence approach
- SAP may not be prioritized by the agency which could hinder program success
- Agency policy may impose difficulties on low threshold service delivery
- Interactions with non-IDU participants may pose challenges
- Multiple funding streams may limit program autonomy and/or use of culturally appropriate materials

Collaboration or Satellite Structure

Partner agencies that provide related, but different services within the community (e.g. social, shelter, youth, etc.) will incorporate SAP services at their site on behalf of the parent SAP.

STRENGTHS

- May attract different groups of IDUs than parent program
- Increase accessibility in terms of location, time, culture and age group
- May offset operational and human resource costs from the parent SAP to the satellite site

LIMITATIONS

- Difficult to maintain consistent policies between parent SAP facility and satellite site
- Staff turnover at satellite may require frequent training of staff by parent SAP
- Inventory may be difficult to track without specific systems in place

Pharmacy Voucher Program

Organizations work with pharmacies by providing participants with vouchers redeemable for free syringes at participating pharmacies. Pharmacy voucher programs are especially useful in areas that have been unsuccessful in implementing SAPs but where over-the-counter sale of syringes without a prescription is permitted by law. Pharmacy voucher programs are also useful areas where drug use may be geographically distant and IDUs are unable to travel to the SAP.

In cases where pharmacy vouchers are used, SAPs may provide pharmacies with equipment and disposal services.

STRENGTHS

- Mainstream location
- May have longer, more convenient hours
- May be located closer to where injectors live or hang out

LIMITATIONS

- Pharmacists and pharmacy staff may hold pre-existing biases toward IDUs and selectively serve participants
- IDUs may receive less individualized education, referrals and safer injection information
- Pharmacies may be unwilling to dispose of used equipment
- Pharmacies may have caps on the number of syringes per transaction
- May be more difficult to provide injecting equipment other than syringes (cookers, cottons, water, ties, alcohol, etc)

Using Multiple Program Models

Whenever resources allow, a multiple program model is often the most effective way to reach the greatest number of IDUs. Combining models, for example – one fixed site with a mobile van, or a mobile unit with peer-based walking delivery – literally works to “meet IDUs where they’re at” and increases the likelihood that syringes will reach even the “harder to reach” IDUs. In addition, multiple program models offer increased flexibility to direct resources to the most effective means on an as-needed basis, allowing programs to respond to shifts in behavior patterns among local IDUs.

When using a multiple program models, it is important to be sure that all aspects of the program will be sustainable. Multi-approach models can require significant resources and demand more from staff. Nonetheless, for participants, the same standards of consistency will apply. If one aspect of the program loses credibility, it is possible that all aspects of the SAP will suffer. However, when well-executed and fully resourced, multi-approach services can be a valuable, comprehensive approach.

LEGAL ISSUES

Although advocacy in many states has paved the way for successful syringe access, the legal landscape can be complicated and challenging to navigate. This section will outline some of the key considerations around legal issues when trying to implement syringe access. In particular, it is necessary to evaluate the legality of operating the SAP from a program perspective, as well as any legal implications for participants.

Fear of drug use and drug users along with the impulse to regulate socially undesirable activities has led to sweeping restrictions on the possession, sale and distribution of needles and syringes which may be used for the injection of drugs. Public health imperatives and again, the work of activists, drug users and their allies, have successfully pushed for changes and an easing up of some legal restrictions on syringe access and possession over the years. In addition, the lifting of the federal ban on funding for SAPs in late 2009 offers a huge push for public health ideology

and authority to overrule criminal statutes limiting SAP initiation and operation. It is important to understand, however, that there are differences between Federal and state law. Nevertheless, all states do have statutes that will allow public health authorities to dictate what is needed in order to respond to public health emergencies and prevent the transmission of infectious disease.

There is no federal law that precludes SAP implementation. There are, however, several types of laws and/or regulations that vary by state that are of particular importance to consider with regards to the operation of SAPs:

1) Drug paraphernalia laws

- Laws that regulate the distribution AND possession of drug paraphernalia including syringes and crack pipes/stems. Paraphernalialaws may also extend to cookers and other injection supplies.
- Without proper legal justification, participants can be arrested and charged for possession of clean or used injection equipment.
- Without proper legal justification, SAP workers can be at risk for possession or distribution of syringes and other supplies.
- Most often, paraphernalia law infractions qualify as misdemeanors, however, in some states they are felonies.
- Some states categorically exclude syringes from paraphernalia laws, while others have special exclusions outlined for pharmacists or SAPs.

2) Syringe prescription laws

- Laws requiring a physician's prescription for sale or distribution of syringes.
- Can provide some safety around the possession of syringes obtained without a prescription.
- In some states, regulations may apply restrictions by age, quantity of syringes, etc.
- SAPs may have legal authorization to operate despite restrictions being in place around syringe prescription.

3) Over-the-counter pharmacy sale regulation

- Regulations that restrict over-the-counter pharmacy sale and distribution of syringes.
- Regulations may impose limits by prescription, age, syringe quantities or other factors.
- SAPs may have legal authorization to operate despite restrictions being in place around over-the-counter sale.

4) Explicit syringe exchange/access laws or regulations

- Laws or regulations that pertain exclusively to the operation of SAPs.
- May make SAP operation legal contingent on compliance with operation requirements, such as when, where, how and how many syringes are exchanged/distributed.

Many states still have anti-drug paraphernalia laws in place, despite having additional statutes that open the door for syringe access via SAPs and pharmacies. While state law may not prohibit the distribution of syringes via SAPs, there can be local laws in place that do. It is important to know the law in any jurisdiction the SAP may operate and/or participants may live. Further, be cautious in cases where the criminal code may contradict the public health code. Investigate the likelihood that SAP participants will be charged with drug possession should they get caught with residue in a syringe that they are bringing back to the SAP for disposal. Understand local, city and state laws around syringe access as completely as possible, and remember to seek support from existing programs in or around your locality. In some cases, advocacy may be necessary to change existing laws.

Most states have successfully deregulated over-the-counter sale of syringes without a prescription at pharmacies. This has positive implications for overall syringe access as well as for protecting participants who are carrying syringes. However, even in states where deregulation has been passed, there may still be limitations imposed on who can purchase syringes, the number of syringes that can be obtained at a time and/or there may be ID requirements to purchase syringes. In addition, oftentimes it is up to individual pharmacies to decide if they will participate in over-the-counter sales, and some still may operate using bias and discrimination if they suspect syringes will be used for injection of illicit drugs. Many pharmacists still need education about the benefits of providing sterile injection equipment to drug users and/or cultural competency when working with drug users.

SAPs should be aware of policies around syringe access from pharmacies, and any related laws that may impact the SAP and its participants.

The following resources are available to find out more about specific regulations in your area:

- 1) Your local health department
- 2) [Harm Reduction Coalition \(HRC\)](#)
- 3) [Temple University's Project on Harm Reduction in the Health Care System](#)
- 4) [American Civil Liberties Union \(ACLU\)](#)

Appendix A provides links to additional resources that point to background on the legal basis for syringe access in the United States, while Appendix C details specific strategies for legal justification of SAPs that have been successful. Also, if at all possible, it can be helpful to build relationships with some good, local criminal lawyers who support syringe access and with whom you can consult as needed.

All staff at the SAP must be trained and well-versed in legal issues related to the SAP. It is important for all staff to understand the legal rights of SAP participants as well as the overarching authorization or legal justification for the SAP to operate. In addition, any legal documents – such as waivers or authorizations – should be easily accessible to all staff in case of incidents with law enforcement. Staff and peers should receive proper SAP identification, indicating their affiliation with the program.

Regardless of the kind of protection offered under the law for SAP operation, it is crucial to engage with local law enforcement early in order to minimize any potential problems or confusion. Particularly in cases when there are recent changes to penal codes, law enforcement may not understand the protections for SAPs and their participants. In addition, given the vulnerability of drug users when it comes to law enforcement, it is the responsibility of the SAP to ensure that participants understand how they are protected, and any ways in which they may not be protected from prosecution. Module 4 will discuss negotiations with law enforcement in greater detail, however the more education and outreach that can be done to local law enforcement early on – including an outline of the legal authorization for your program as well as benefits of the SAP to officer and public safety – the better.

Drug users can still be arrested for possessing hypodermic needles and syringes (clean or used), even if they can be legally purchased over-the-counter without a prescription or obtained legally from SAPs. Despite laws, regulations and legal precedents that protect SAP participants from prosecution for syringes obtained or being returned to SAPs, arrests or additional charges (paraphernalia or drug possession for residue in syringes or cookers) are not uncommon.

It is always important to distinguish between the law of the land and the law as it plays in the street. That is to say – sometimes law enforcement make arrests, despite protections under the criminal or public health code – creating very real consequences for drug users.

CHOOSING A SITE OR SITES

Site Location

Choosing site location for conducting syringe access services – be it fixed, mobile or outreach sites – can be among the most important factors in the success of the program. Site location can inform whether IDUs will visit the site, how comfortable they feel once they get there, and, in some cases, the level of community resistance the SAP may face.

An SAP can have wonderful services and excellent staff; however, without IDUs it will not function. An inconvenient location, or one that is perceived as threatening in any way (ex. near a police station), could easily deter IDUs from visiting the program – even when they are interested in taking care of their health and using sterile injection equipment.

Beyond making it difficult for IDUs to access sterile injection equipment, improper site location can have other ramifications. In extreme cases, controversy around location choices can undermine overall support for syringe access, attract heightened scrutiny directed at program operations and participants, and jeopardize relationships with allies and other stakeholders.

When choosing a site, it is important to know as much as possible about the location. Certain locations can almost guarantee community opposition. For example, an SAP is likely to invite public opposition if it is too close to any place where children congregate, including:

- Schools
- Playgrounds
- Children’s nurseries and day-care centers
- Youth and after-school programs

In urban areas, restaurants with outside seating or shops with window displays may be concerned about drug users congregating in front of the program. Residential areas can also pose challenges – commonly known as NIMBYism (Not In My Back Yard). In general, it is important to keep in mind that IDUs are likely to gather and hang out in front of the program or across the street; it is the responsibility of the SAP to protect both participant safety and program viability from the program’s outset, which includes anticipating problems before they occur.

Of course, it is equally important to choose a site that will be convenient and accommodating to the IDU community. The good site is going to be one that makes transactions quick and easy so that, if need be, IDUs can continue with any other activities with as little disruption as possible. A good location will also be close to where IDUs live, work and/or obtain drugs. Ideally, it will be easy to find, but still somewhat discreet.

Proximity to public transportation, particularly in urban areas where it may be the primary mode of transport, is also an important factor. Using information gathered during needs assessment, look for a location that will be convenient to copping spots (places where people buy or “cop” drugs), but not so close that the program, its participants or anyone else may be compromised. A good question to ask in a needs assessment would be, “How far do you think you would be willing to walk for clean injection equipment?” Consider traffic patterns around a potential location – will drivers have a hard time parking? Will people on foot have an easy walk? Will the program be accessible to people with disabilities?

SAPs may also benefit from being near methadone programs, hospitals, welfare or public assistance offices, shelters, soup kitchens and/or other ASOs or CBOs.

Fixed-Site Considerations

Choosing a fixed site comes with unique considerations. When choosing a site, consider issues such as program growth, storage space and general feel. Programs that feel too “clinical” may be less appealing. In addition, consider the design and layout of your program – will it be able to fit desks, couches, chairs, etc?

The layout should also allow SAP staff to easily see what’s going on at all times - including where people are and that all participants are safe. Given the nature of working with drug injectors, it is important to be able to monitor for overdose as well as other safety issues at all times. On a related note, when choosing a fixed SAP site, the bathroom can be an important consideration. It is not uncommon for IDUs to be transient and/or homeless and a restroom can be an especially valuable resource. In many cities, public showers and restrooms for IDUs can be hard to come by. Keeping a biohazard disposal container in the bathroom can reduce the incidence of sharps or other biohazard material from being disposed of improperly. Finding a site with a shower can be of particular value, although it will also pose organizational challenges. Even bathrooms without showers will often be used for “bird baths” (i.e. showering in the sink), private time, changing clothes and other needs; because the bathroom can be such a valuable resource, it can be useful to monitor how long individual participants spend in the bathroom.

Once a site is identified, proactive and strategic community relations will be crucial. Be honest with the landlord and your community, however also be attentive to the privacy of your clients and be discreet. You will be running a public health initiative that targets drug users in the neighborhood. Emphasize that you and/or your agency cares for the welfare of the community. Be up front that there is likely to be heavy traffic with people coming and going frequently, and that there will be policies and procedures in place to monitor the safety of the building, as well as the safety and security of any other tenants. If applicable, explain that an alarm system will be installed. In addition, if state or city Health Department funding is being used, this can add credibility and financial stability to the application. Emphasize that an SAP is a comprehensive program offering a range of services, among which are syringes, as well as referrals to treatment and supportive services.

HOURS OF OPERATION

SAP hours of operation can have significant implications on program success and accessibility. Ideally, program hours meet drug users on their schedules. It is unlikely that syringe access is going to fit neatly into a nine-to-five schedule. Ask drug users when the program should be open. Often, longer hours and/or hours ranging throughout different time periods in the day are likely to increase the number of people who will be able to visit the program. However, the best hours are going to be the ones that are convenient to the users in the community – being open 6 hours as opposed to 3 means little if users are not able to visit the SAP during open hours. If possible, on-call hours, facilitated with the use of a cell phone or pager system can be great resources as well.

Consider who will be coming to the SAP. If the target population includes a high proportion of sex workers, it will be important to include evening and nighttime hours. If the SAP will target people attending methadone programs and/or otherwise acquiring methadone, morning hours and evening hours are likely to meet participant needs. The needs assessment process can serve as an opportunity to talk to users, identifying when/if people may be working, public transit schedules and other factors that may influence when someone could come to the SAP.

Hours of operation may vary depending on the SAP model. Fixed sites may remain open for longer stretches of time, while mobile programs may operate as shifts, spread throughout the day and night. Fixed sites that are coupled with a drop-in center may try to be open during hours when participants are more likely to need refuge, such as early mornings or late nights. Special safety considerations should be made when choosing hours of operation for street-based teams. Seasonal variation in clientele may also impact program hours. Summer hours may need to be extended to accommodate for an increase in transient users. In addition, people may or may not have different needs depending on the day of the week and/or time of month.

Once hours of operation are established, it is essential to be consistent and reliable – all of which are part of building trust with participants. Be sure the program has proper resources to ensure sustainable and adequate staffing during open hours. Hours should be clearly posted and staff must know the importance of operating on time. Many SAPs will stay open on holidays, even if they have limited hours and/or services. Holidays can be especially stressful times for many drug users, and the resource may be of heightened importance. Either way, be sure to communicate any program closures or changes in regular hours with as much advanced notice as possible.

FUNDING ISSUES

Securing funding for syringe access can be an intimidating process. However, even before the signing of the Fiscal Year 2010 Consolidated Appropriations Act in late 2009 – which made it possible to use federal dollars to fund SAPs – individuals, organizations, health departments and coalitions have been able to acquire the funds necessary to provide sterile injection equipment, and oftentimes supplementary services. It is true that funding is limited, and while about half of syringe access programs in the world operate with a budget of \$100,000 or less, there is funding. Even in more conservative political climates the public health imperative has been able to triumph over dogmatic opposition.

A successful strategy for funding syringe access programs will:

- Be well organized and well informed
- Take full advantage of public and private resources at the community, city, state and federal levels
- Tailor funding proposals to highlight the benefits of the SAP in relation to the needs and goals of the potential funding source
- Use needs assessment to inform on local drug user issues including unique needs and gaps in services
- Take advantage of support from community allies and advocates
- Apply a creative approach
- Maintain focus and persistence

When applying for funding, be mindful of requirements that will be tied to monies received. In some cases, the reporting and evaluation requirements attached to project awards can be strenuous. There may be political ramifications associated with accepting money from certain sources – namely corporations or drug companies. In addition, certain funders can strangle program autonomy with regulations that may oppose the ideological foundation upon which the SAP was built. These considerations, with others, will be weighed against the benefit of receiving funds essential for basic operations. Although it is possible to start and run programs on an entirely volunteer basis and with donations of syringes and other supplies (maintaining more program control) this strategy faces significant challenges to the long-term sustainability because of shifts in supply availability, staffing and potential conflicts in ideas about program direction.

Potential Funders

A long-standing and extensive resource for SAPs, especially for new or low-budget programs, has been the [North American Syringe Exchange Network](#). NASEN is a nonprofit organization that provides services in promotion of expanding access to tools and services that promote the health and well-being of drug users. To that end, they provide both technical and financial assistance. The NASEN Buyers Program offers a way for SAPs to acquire low-cost syringes and supplies. NASEN grants are available to small or new SAPs with budgets of \$75,000 or less, and awards do not exceed \$15,000 (at the time of this printing). In addition, NASEN offers Start-Up Kits to new projects made up of credits to their Buyers Club for more than 12,000 syringes and/or supplies. Start-Up Kits are geared towards programs with little to no operational history or funding, and require a minimum staffing commitment to ensure that the program will be sustainable. For programs that find themselves with a temporary lack of funding, NASEN also offers a short-term loan program for financial assistance and/or Buyers Club credit.

BUDGET CONSIDERATIONS!

Here are a couple of items that could get overlooked when putting together a budget. Not all are essential – but may be worth consideration:

STIPENDS: For interns and/ or peer workers

TRAVEL REIMBURSEMENT: For volunteers, interns and/or peers. Particularly in areas with extensive public transit, travel reimbursement can be an option for implementing participant compensation programs if necessary.

INSURANCE: Several kinds of insurance may be necessary including renters insurance, loss or theft insurance, vehicle insurance for mobile programs, product insurance (computers, photocopiers, etc.)

OFFICE SUPPLIES: Although it seems obvious, costs for toner for printers and/or copiers and other basic office supplies can add up.

CLEANING: Depending on the model (fixed site, etc), the number of staff and/or the level of foot traffic anticipated at the program, it may be necessary to hire someone to clean the program on a regular basis. This can also be a job designated in part to volunteers or as a job training initiative, in which case funding should still be allocated for the position.

STAFF DEVELOPMENT COSTS: On-going training and support for staff is essential for preventing burn-out and high staff turnover. Consider costs of training for staff, as well as staff clinical supervision and/or retreats.

BASIC COMFORT SUPPLIES: Making the SAP a comfortable place to hang out is important. Consider costs of creating a warm and hospitable environment for participants with coffee, food, games, television/entertainment, artwork, etc.

With the federal ban on funding for syringe access having been lifted in the final days of 2009, organizations and health departments already receiving federal dollars will be able to use this money to pay for syringe access. This includes programs receiving funding from the Centers for Disease Control (CDC), the Health Resources and Services Administration (HRSA), the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Institutes of Health. It is expected that the CDC will issue guidelines for the use of federal funds.

At the city and state levels, many health departments and/or government offices are already invested in, or have expressed support for, syringe access programs as part of comprehensive plans to address HIV and viral hepatitis transmission and prevention. Engage with the city and state Health Department to learn:

1. If there is a departmental policy regarding syringe access and whether collaboration will be an option.
2. Specifically what types of support (financial or otherwise) may be available.
3. The application process, waiver requirements and/or regulations attached to partnership with the Health Department.

If the Health Department does not currently have a position on syringe access, it could be a worthy investment to develop an advocacy strategy to educate potential allies at health departments about the public health value of investing in syringe access programs. For more information on working with Health Departments, please see Module 5.

Investigating other potential sources of funding at the local level is also important. For example, some localities will have city councils with funds available for allocation to community groups and coalitions. Some areas may also have community boards with discretionary accounts for distribution to community groups.

Next to health departments, possibly the greatest source of funds available for syringe access come from grants received from private foundations. When researching potential foundations:

- Be sure to carefully investigate the foundation's specific aims, goals and requests (i.e. restrictions, reporting requirements, budgetary limitations, etc).
- Explore foundations that support HIV and HCV prevention, public health and/drug user health and rights, homelessness and poverty issues, general social welfare and social justice initiatives, among others.
- Some funders that may not be willing to fund syringe access directly, may still be interested in funding ancillary services, such as testing, counseling, other prevention efforts, etc.
- When you find a potential funder, look at previous grant recipients to see what kinds of specific projects the foundation awards money to.
- Be sure to look at typical award amounts to inform your budget and assure that it will be worth the effort it takes to prepare a comprehensive proposal. A list of funding resource links can be found in Appendix A.
- [The Foundation Center](#) provides services to help research and locate appropriate sources for funding.

Other private sources of funding worthy of inquiry may include:

- Universities
- Hospitals
- Research Institutes
- Pharmaceutical Companies
- Corporate Sponsors
- Individual Donors
- Professional fundraisers and/or fundraising events

MODULE 2: OPERATIONAL ISSUES



MODULE 2: OPERATIONAL ISSUES

Whether the SAP operates on its own or is coupled with additional program services, it is essential to keep the syringe access component “low threshold” to ensure that participation is maximized. Low threshold means that to the greatest extent possible, any barriers to receiving services are kept to a minimum. Barriers can refer to:

- Eligibility criteria for participation
- Registration and syringe transaction procedures and requirements (such as ID)
- Required participation in other programs or services
- The level of personal information collected during any interaction (that could make people uncomfortable or reluctant to engage)
- Hours of operation
- Location
- Literacy requirements
- Waiting time to get/dispose of syringes
- Language barriers
- Any other program elements that may make accessing services more cumbersome for the participant.

Ultimately, syringe transactions that are quick, easy and discreet are likely to meet the needs and lifestyle of many participants. However, longer interactions can and should occur – at the discretion of the participant – as a means to invite people to take advantage of other services, for education (ex. safer injection or HIV/HCV prevention) and to allow for stronger relationship-building. Protecting the anonymity and confidentiality of participants is vital. The fewer rules and regulations, while still prioritizing SAP and participant safety, the more accessible the program will be. Consider the necessity and reasoning behind every requirement imposed on a participant and take nothing for granted.

STAYING FOCUSED

Syringe access programs are fundamentally about serving the needs of drug users – stay focused. When developing the basics of the program, be cautious not to lose sight of the reason the SAP exists and the people you are targeting with your program. While meeting funder and community needs is important, policies and procedures ultimately need to be about getting syringes into the hands of drug users. Consistently question if and how what is being done can better meet the drug user where she/he is at. What may make it easier for a person to use the program?

If certain aspects of programming don't seem to be working and/or participants are challenging or breaking rules, remember to ask what the program might be able to do differently or better; consider how the program could change to better meet needs and potentially avoid problems. Seek suggestions from participants about how things might be able to be done differently and take the feedback seriously. If a program always asks for suggestions, but never implements changes, participants will be less likely to offer feedback in the future.

POLICIES AND PROCEDURES

Syringe Transaction Models and Policies

The syringe transaction is the primary point of contact between drug users and the program. The quality of this interaction can be critical for setting the tone of the program. When users are able to define the terms of their injection needs, it goes a long way to underline program commitment to the provision of non-judgmental, non-

coercive and unconditional support that respects individual rights to health and safety. Basically, people are more likely to trust programs that trust them.

Syringe access programs operate with the primary goal of providing injection drug users with new, sterile injection equipment as a means of reducing the spread of blood-borne viruses and other injection-related infections. In addition, there has traditionally been an emphasis placed on simultaneously removing used injection equipment from circulation through a process of exchanging old syringes for new ones. Both are valid and important goals. Unfortunately, however, time and experience has proven that some efforts to strictly enforce a relationship of exchanging old syringes for new ones has actually proved to undermine the overall effectiveness of syringe access programs. For this reason, programs delivering syringes have modified and adapted early syringe exchange models as a means of increasing access and meeting injectors' true needs.

The following will outline several transaction models for making syringes available, including both distribution and exchange-based models.

Distribution and Exchange

Needs-based syringe distribution is a policy that places no limits on the number of syringes a participant may receive regardless of the number of used syringes returned; participants do not need to return any used syringes in order to receive new, sterile syringes.

Exchange models of syringe access operate under the condition that participants bring used syringes to the program for disposal in order to receive new syringes. This model can operate on a strict "one-for-one" basis or as a modified "one-for-one plus" plan.

A mandate of exchanging used syringes can increase risk to drug users because it is not based in meeting the needs of the user, but is instead about program justification, exchange ratios and data or reporting requirements. It only takes one contaminated syringe to infect a person with HIV or HCV. Therefore, to the person who gets infected, there is little difference between not having enough clean syringes and not having any clean syringes – s/he still did not have what was needed. Further, strict exchange policies can place injectors at increased risk because they may collect, handle and carry potentially contaminated injection equipment (whether it is their own or others' discarded syringes from shooting galleries and streets) in an effort to meet their own safer injection needs.

Conversely, some have made the argument that if participants must return syringes to get sterile equipment, perhaps they will visit the program more often, thus increasing the opportunity for program intervention. It is true that increased contact with participants could have an impact on relationship building, which is valuable. However, an SAP should not be about coercion or manipulation. Relationships are stronger when they are built on trust and mutual investment. Ultimately, the more trust between the program and the participant, the more likely the user is to access the program on a regular basis because they want to, not because they are forced to in order to meet program requirements.

This manual takes a firm position that meeting the needs of injection drug users must be first and foremost, placing an emphasis on a needs-based or distribution approach as opposed to the traditional exchange model. Drug users should have unrestricted access to sterile injection equipment. Our position is that any model of syringe access should prioritize the assurance that injectors will have as many syringes, with as much clean injection equipment, as they need to inject safely. Counting syringes, return rates and reporting requirements should not be a factor in determining whether a program will provide access to a tool that could prevent the transmission of HIV and/or HCV and other blood-borne infections. Proper disposal should be highlighted and encouraged among SAP participants and tools for educating and promoting safe disposal of used syringes should be incorporated into any SAP model; however, disposal should not be required in order to receive clean injection equipment. Drug users should have access to the injection equipment that they require, in the quantity that they desire.

Needs-Based Distribution

Needs-based distribution emphasizes actual and current injection needs asking participants, “How many syringes do you need?” as a means to identify the number of syringes that will be distributed during a transaction. Disposal is still a priority to programs that engage in needs-based distribution – however it is not a requirement. Ideally, sharps containers are available onsite and education is provided to enable people who are unable or unwilling to travel with used injection equipment to use alternative, safe disposal methods.

Some regulations may place limits or caps on syringe distribution per transaction. For this reason, and because some participants may struggle with proper planning, there should be no limit placed on the frequency of visits participants can make to the SAP.

Some programs will opt for a system of negotiation or “contingency contracting” as a means of engaging in needs-based distribution. In these cases, syringe distribution is based on a system of justification. This means that as long as participants give a reason, they can receive as many syringes as they need. Often in cases of contingency contracting, SAPs will maintain a list of common reasons for not having used syringe returns to access during syringe transactions. Links to sample contingency contracting forms can be found online in Appendix J.

Needs-based distribution is the syringe access policy most likely to meet the true needs of injection drug users. It is also the model most likely to receive community opposition, which can have a serious impact on the long-term sustainability of the project. Anticipating community concerns and responding to them accordingly will be important. Taking a harm reduction approach to opponents and meeting them “where they are at” can be a valuable strategy. That is to say, while people may be opposed to certain SAP policies initially, it is possible for them to change their position, particularly if their concerns are acknowledged in an open and nonjudgmental way. It may be difficult for the community to embrace the SAP right away. Take community relations and concerns seriously, and provide education about the program. Explain the rationale behind policy decisions and take steps to proactively address concerns to help alleviate opposition. For more information on key criticisms of a needs-based distribution policy, as well as possible responses, please see Appendix C.

One-for-One

One-for-one exchange means that for every used syringe a participant brings to the SAP, s/he will receive one new, sterile syringe. The most likely reason to conduct one-for-one exchange is either because of requirements imposed by funders and/or to allay community fears about syringe access programs. These are reasonable concerns. Nonetheless, acting on behalf of these concerns may have negative implications for drug users as well as overall program effectiveness. These factors should be weighed when considering which syringe transaction model will be adopted.

Some opponents to syringe access may believe that without a strict disposal requirement built into the program – theoretically implying that used syringes would hold premium value to SAP participants – improperly discarded syringes will increase in neighborhood streets and parks. Research has never been able to validate this fear. Research has found, however, that people are still getting infected with HCV and HIV, and are still sharing syringes. It can be implied that this is a result of people not

DISPOSAL OPTIONS

An important element to any SAP, regardless of transaction policies, is to incorporate a strong disposal component. This will not only respond to community concerns but is a pragmatic and responsible service to injection drug users. While disposal may be encouraged as a requirement for acquiring new syringes, as is the case with certain exchange models, education and resources for proper offsite disposal of syringes should also be a priority. Education on proper disposal with the use of sharps containers and/or other containers (detergent bottles or beverage containers, for example) as well as the dangers of improper disposal techniques is essential. Sharps containers can be made available in a wide variety of shapes and sizes – from small, portable containers to 2- or 8-gallon containers – to best meet all participant needs. Proper syringe disposal is discussed in greater detail later in this section.

having enough of their own, sterile injection equipment. It is extremely unlikely that, when given the choice between someone else's used syringe and a new, sterile syringe, a person will choose to put himself or herself at risk. In addition, research has also shown that despite syringe access programs that require used syringes for exchange, existing criminal penalties associated with carrying used injection equipment and fear of arrest are likely to have a far greater impact on the disposal behaviors of injection drug users.

Moreover, caution must be used when arguments for or against syringe policies become about ratios of used-to-new syringes. When this happens, the focus is shifted away from the prevention of infectious disease and the promotion of health and well being of drug users and communities, and instead places attention on an inventory of syringes and equipment. This is not a numbers game, but a life and death situation that has very real consequences for drug injectors at risk for HIV, HCV and other blood-borne infections.

Another potential danger of strict one-for-one policy is the impact on staff and volunteer exchangers. Despite the perceived legitimacy of program policies on paper, when faced with a drug injector who does not have sufficient returns to guarantee that they will not inject with used equipment, few staff will be able to ethically justify denying sterile syringes. In practice, strict one-for-one policies thus set program staff up to lie and bend the rules in the name of encouraging safer injection. This dishonesty, while certainly understood, impacts relationships between staff that are willing to defy the rules and staff that are not. In addition, it can encourage favoritism among participants toward staff willing to provide more syringes. Ultimately, any break in trust and consistency can also challenge program legitimacy.

It is also possible that if a person does not have any syringes to exchange - for any number of reasons they may not visit the SAP at all because they assume that they will not be able to access services.

Vouchers can serve as a tool for exchanges with one-for-one policies in cases when a participant returns more syringes than they want in return at a given transaction. For example, a person returns 200 syringes, but only wants 100 syringes in return. The SAP will then issue the participant a voucher (similar to an IOU) for the additional 100 syringes that can be redeemed at a later date.

SAPs will also use vouchers when they do not have enough supplies to complete the transactions or in cases where there are limits on the numbers of syringes a participant can receive during any single transaction (perhaps due to restrictions imposed by funders or regulations), despite the number of syringes returned by the participant.

One-for-One Plus

A syringe exchange policy of one-for-one plus means that for every one used syringe returned by an injector, it is possible for the participant to receive more than one sterile syringe, as pre-defined by program policy. This model was developed in response to concerns about straight one-for-one exchange and in an effort to better meet the actual needs of participants. Most often, in the case of one-for-one plus, there is still some requirement that

REASONS AN SAP PARTICIPANT MAY NOT HAVE ENOUGH SYRINGES FOR EXCHANGE:

- Have already safely disposed of syringes
- Homelessness
- Fear of traveling with used injection equipment
- Fear of arrest, police sweeps in the area, etc.
- Police confiscated syringes
- Started with insufficient number, and have been unable to exchange up to their current needs
- Recently initiated injection
- Have begun injecting more frequently
- Traveled from an area that has minimal syringe availability
- Do not prepare drugs themselves/someone else/partner holds injection equipment
- Were not planning on injecting
- Housing program/shelter restrictions
- Hiding syringes out of shame secretive use
- Fearful/drug-induced paranoia
- May not be an injector (getting syringes for friends/family)
- Safety reason (i.e. they have lost the cap on a syringe)
- Previously disposed of syringes to keep away from children

participants turn in used syringes in order to receive new ones, however there is more flexibility when participants do not have enough, or possibly any, used syringes to exchange.

For example, some programs employ the use of “starter kits.” Starter kits are designed for people who do not have any syringes to return and usually consist of one or two syringes, however this number is variable depending on program policy and could be larger. Some programs will also use what have been called “incentive syringes.” This refers to additional syringes that are distributed to a participant who needs more syringes than they have to return. For example, someone returns 5 syringes, but asks for more syringes so perhaps the program will distribute 10 syringes – 5 syringes in exchange for the returns, in addition to 5 syringes as an incentive that the participant will return more the next time. Incentive syringe policies are usually pre-determined, but may also involve a process of negotiation between the SAP worker/manager and the participant in an effort to better meet needs.

In another example, although there may be a cap on the number of syringes a participant can receive at each encounter, programs may not have to place any limits on the number of encounters that can occur within a certain time period. So, if a participant can receive 10 syringes for every one syringe returned, 5 encounters logged with one return each time will result in the participant receiving 50 syringes total. Further, some programs will take a very liberal approach to one-for-one plus. In some cases, if a participant returns even one syringe, the program will employ “contingency contracting” to justify distributing the necessary quantity of syringes.

One-for-one plus is more effective in enabling participants to meet their actual injection needs than a strict one-for-one policy. In addition, it begins to take pressure off the participant to carry used and potentially contaminated injection equipment back to the program. As well, it takes some of the pressure off staff who may be inclined to break SAP rules in that there is a built-in alternative to denying syringes without returns. Further, it gives staff another opportunity to engage with participants about planning and disposal.

As with any policy that may involve a process of negotiation, the possibility exists that without proper training and support, staff could manipulate the policy and apply it in a discriminatory manner by showing favoritism to certain participants. Another potential challenge associated with one-for-one plus is that it may be more susceptible to community backlash. As noted above, however, there is research to support the need for alternatives to one-for-one exchange. Making sharps containers widely available and providing education about proper disposal to participants, as well as setting up a system for your program to respond to any complaints of improper syringe disposal will help to counter opposition. In cases where there are open-air drug markets, or centralized places where people inject and/or leave syringes, consider conducting public “clean-ups” when SAP staff will go into the community and pick up discarded syringes.

Enrollment/Intake Procedures

Enrollment or intake marks the formal establishment of a relationship between the participant and the SAP. This means that, regardless of intake procedure, the participant is no longer completely anonymous. Enrollment offers an important opportunity to begin building trust with the participant and will aid in setting the tone for future interactions.

Intake for syringe access services should be minimal to accommodate participant needs and encourage enrollment. It may be necessary however, to employ an extended intake for more intensive SAP services such as case management, housing, mental health and/or benefits assistance where additional information is required for thorough and responsible service delivery. Nonetheless, any intake process must be mindful of whose needs are being met by the collection of information – the participant, or the program, government or regulating body.

Enrollment can serve several purposes:

- 1) Participants may receive legal protection for needle possession as a result of being enrolled in the SAP. This is the most important and valid reason to institute enrollment procedures.

- 2) During enrollment, the program is able to inform the participant about SAP policies and services, hours of operation and any rules or regulations.
- 3) During enrollment, the program can collect valuable demographic and statistical information. This information can be used to track and monitor program activity, inform evaluation and future programming, justify program existence, and may be of interest to funders and regulators. Data collection, however, must never take priority over meeting the needs of participants.

Most SAP funders and/or regulators will require the establishment of enrollment policies and procedures. In cases where there is no mandate, an SAP should evaluate the necessity of formal enrollment for syringe access. Removing the enrollment process can be an appropriate strategy to reduce barriers to participants accessing syringes. When deciding upon any enrollment procedure, programs must weigh the costs and benefits of each step or requirement as it applies to the SAP, its funders and regulators and the participant. Generally speaking, the easier, faster and less invasive the enrollment process, the better. Drug users have many reasons for being guarded with their personal information. The greater anonymity participants are able to maintain, the more likely they are to engage with the program.

Having a clear understanding of program and intake goals is important when determining which information is essential to collect, which information – though valuable – is not vital and how information should be collected.

- What information can be used to protect the injector from law enforcement?
- What information can be valuable in evaluation, to provide to funders and/or to demonstrate program need effectiveness?
- Would the collection of certain information put participants at risk in any way and/or could it be perceived in such a way?

The following list offers suggestions for information that may be collected at intake/enrollment; this list is meant to offer a range of sample ideas, and is not meant as a template for intake. Keep in mind that when it comes to enrollment, the rule of thumb is generally that less is more.

- **FIRST NAME** *only* – This may prove valuable in identifying the participant as a member of the SAP and/or as protection from law enforcement.
- **INITIALS** – Initials can be used as an alternative to collecting names. Some programs will use first and last initials, or some combination of the participant and their mother's names. For example, the first two letters of the participant's last name and the first initial of the participant's mother's first name. Mother's names may be more universally acceptable than the names of any other family members.
- **RACE/ETHNICITY** – General demographic data to better understand who the SAP is servicing.
- **GENDER** – General demographic data to better understand who the SAP is servicing.
- **DATE OF BIRTH OR YEAR OF BIRTH** – This is often asked in cases where it is necessary to establish that the participant is over 18 (perhaps for legal issues), but can also be prove valuable in identifying the participant as a member of the SAP as protection from law enforcement (see special considerations with youth below).
- **ZIP CODE OR AREA OF CURRENT RESIDENCE** – General demographic data to better understand who the exchange is servicing and who the program may be missing.
- **DRUG OF CHOICE** – This can be used to assess and tailor program services based on the needs of participants and to understand the participant base and report to funders.
- **INJECTION FREQUENCY** – This can be helpful when estimating supply quantities.
- **YEARS INJECTING** – This is a sensitive question that may be unnecessary, but is sometimes included in an effort to show that program is not encouraging drug users to begin injecting. In cases where a participant is fairly new to injection, it may prompt heightened intervention and engagement, but is never grounds to deny enrollment.
- **HOUSING STATUS** – This can be used to tailor program services based on the needs of participants and to understand the participant base, report to funders and secure additional funding.

Whenever information is requested from a participant, it is a good rule to explain why it is being collected and any potential implications for the participant. If there is not a good reason for collecting the information and/or this reason cannot be openly shared with the participant, it could be necessary to reconsider why the information is being collected at all.

Special Considerations

There are some considerations when establishing enrollment/intake procedures that deserve special mention:

Checking ID: Asking participants to provide ID upon enrollment is not recommended, may deter people from accessing program services, and serves as a threat to participant anonymity; it is unrealistic to assume that everyone will have ID. When providing information, participants should be taken at their word. It is common for homeless and transient individuals to have their ID stolen or lost and it can be very difficult and time consuming to replace it. Further, there are many additional reasons why participants are unlikely to have ID and/or may be unwilling to share their identity with the program. The request can come across as isolating and threatening and should be employed only in situations where need is absolutely essential and can be clearly justified.

Verifying injection status: It is not recommended to include current injection verification as part of enrollment or intake. One fear raised by opponents to SAPs is that the service will increase transition by non-injection drug users to injection. Despite the fact that there has never been any evidence to support this claim, some programs have been known to require proof of current injection, usually by the display of track marks, upon enrollment. Programs must consider the purpose of such practices. Will a novice injector be denied sterile equipment? If so, would that be consistent with the mission of the program to protect the health of IDUs and their communities? Is it possible that an injector is rotating their shot in a way that minimizes tracks (which is considered a safer injection practice)? What if a participant injects in their groin or in other private areas to conceal track marks, or out of necessity (and isn't that their right)? In some cases, non-injectors may also be coming to the exchange in order to retrieve sterile injection equipment for friends or loved ones who inject. Requiring people to show track marks can be a degrading and unnecessary practice. Ideally, people seeking syringe access services should be taken at their word.

Young Injectors (under 18): Age should not be criteria for program exclusion; however heightened engagement with injectors under 18 may be necessary, and further, may be expected by funders or regulators. Enrollments with younger participants should be handled with care. In cases where regulating bodies require a specific protocol for enrolling younger participants, it is likely that the specifics of such a protocol will be clearly defined by the regulator. In cases where there is no required intervention, having specific policies and procedures for working with younger users on hand may still be helpful in fielding community response. There may be a need to identify potential treatment, health care and/or other referral networks that will be made available to younger injectors. Please see Module 5 for more information on working with youth.

ID Cards

ID cards can be used to verify that participants are enrolled in the SAP. The primary purpose of the card has been to serve as a tool for participants who need to prove SAP enrollment, most often to law enforcement, and thereby to prove that they are legally entitled to carry syringes. Using ID cards can also speed up individual transactions at the SAP once intake procedures have taken place (when applicable).

Similar to any enrollment procedure, the use of ID cards should only be instituted if there is a clear benefit to the participant – such as legal protection. ID cards and other enrollment procedures should not exist as a function of data collection for the SAP. The use of ID cards may compromise participants' sense of anonymity and/or may be perceived as a barrier to accessing the program. For this reason, only in cases where possession laws may place the participant at risk of prosecution will ID cards likely be necessary.

If ID cards are used, an anonymous and unique identifying code will be constructed upon enrollment using information that the participant can easily reproduce. This can include any combination of the following, or other similar, information:

First and/or last Initial/s (ex: Jane Doe = JD)

Year of Birth (ex: March 25, 1975 = 1975 or 75)

Day of Birth (ex: March 25, 1975 = 25)

Zip Code (ex: 11226) – Although this information may change over time and be difficult to reconstruct.

Mother's First Initial (ex: Mother's name is Susan = S)

Gender (ex: Male = M)

While it is possible that this information can (knowingly) be completely false or made up, programs should investigate any possible repercussions from law enforcement or local courts if valid identification cannot be verified when the card is used by participants to avoid prosecution. The value of using verifiable information and carrying the ID card should be explained to the participant, as well as exactly how the unique identifier is constructed. Sometimes program details (address, phone, etc) will be printed on the card along with information describing relevant legal statutes and/or public health codes. Any limitations of the card should also be explained, specifically that police may choose to ignore the card and that it does not offer protection from drug possession or criminal charges other than syringe possession.

A participant is never required to take an ID card and syringe transaction policies should not require that a card be presented. It is reasonable to assume that participants may not always carry their cards with them, and/or may lose them with some frequency. In cases where a participant has their ID on hand, no additional information is usually necessary. If a participant does not have their ID with them, codes should be able to be reconstructed quickly, participants can be offered a duplicate card, and if necessary and/or enrollment is suspect, intake information can always be collected again. Quick and easy intake procedures will expedite this process.

Education

Enrollment is a good opportunity to provide specific core information to new participants. Information should be organized to minimize time. Topics that may take top priority include:

- SAP policies and procedures
- Legal rights of SAP participants
- Information about preventing blood-borne infections, specifically HIV and HCV
- Availability of other injection-related equipment (such as cookers, cottons, ties, alcohol swabs, etc) to encourage single-use of all injecting equipment
- Syringe disposal options available on- and off-site

Any educational session that is incorporated into enrollment must be flexible, and while people should be encouraged to participate, it should not be mandatory for program enrollment.

Other points of discussion that can be made available on enrollment include:

- Safer injection – vein care and the prevention of bacterial infections and other injection-related health concerns (staph, abscesses, endocarditis, etc.)
- Overdose prevention and any on-site OD prevention services
- Safer sex
- Any other program services available

Syringe Tracking

An alternative to participant intake, though it is less common, is to track the movement of syringes. This can be done by placing a barcode or other marking on the syringes themselves, which is then used to track distribution,

movement and return rates of syringes. This method does not provide specific information about participants, though some information may be approximated, such as gender, race/ethnicity, age, etc. Of course, the unreliability of any approximated data will severely limit its value and legitimacy. Aside from the limited usefulness of solely tracking syringe movement, the procedure of marking syringes can threaten the sterility of the syringe and can also be very time-consuming.

SUPPLIES

In addition to syringes, there are a wide variety of other supplies that are important for SAPs to stock and distribute in order to offer a true comprehensive approach for preventing infectious disease and promoting safer injection. Blood-borne infections such as HCV can be transmitted through sharing any piece of injection equipment that may have blood on it.

In addition, not all syringes are the same. Needles and syringe barrels are available in a wide variety of sizes, and injection drug users may have very particular habits when it comes to preparing and injecting drugs. Injection equipment may also vary depending on the drug being injected. Ideally, SAPs will offer needle and syringe sets in a variety of sizes. If an SAP does not offer the preferred size and brand of syringe a user prefers, s/he may be less likely to access the program.

It is important to consult drug users to learn about their injection preferences. Open dialogues about current injection equipment and practices may also provide an opening for guidance around equipment that may promote better vein care and safer injection.

Needles and Syringes

Consider the following when making needle and syringe selection:

Needle Gauge: Refers to the size of the bore or hole in the needle. With needles, the higher the gauge (G), the thinner the needle. Standard insulin sets, often popular with injection drug users, typically have a 27 gauge (27G) or 28G needle. Standard tuberculin sets come with a 25G needle.

☞ *Safer Injection Tip: The smaller the needle gauge (= higher number), the smaller the puncture wound and therefore, less bleeding, less damage to the vein and less opportunity for infection; it will also be easier to find smaller veins.*

Intramuscular injections – required for steroids and other hormones – require a larger gauge needle (typically 21G or 23G). People injecting methadone and/or certain drugs that are cut with a lot of impurities that may clog the syringe may also prefer needles with a higher gauge (smaller number).

Needle Length: Insulin needles are typically 1/2 inch in length and tuberculin needles are typically 5/8 inch in length – these are usually preferable for intravenous drug injectors. Longer needles are typically needed for intramuscular injections.

☞ *Safer Injection Tip: A needle that is too short may miss the vein, and one that is too long may go through the vein or be difficult to position.*

Syringe Barrel Size: Standard insulin and tuberculin syringes are typically 1 cc or 1/2 cc in size and calibrated by .10 ccs along the barrel of the syringe. Most intravenous drug users will prefer either 1 cc or 1/2 cc syringes. People injecting cocaine and other drugs that may require more dilute may prefer 1 cc syringes. Methadone and/or steroid or hormone injectors may request 3 cc syringes.

Brand: Different manufacturers create needles and syringes with varying quality. Some brands are more comfortable to inject with than others, and the plungers on some brands of syringes are easier to manipulate than others. Many

drug injectors will have a preference over the brand of syringe they use, though size of the needle and syringe may be a bigger factor.

Fixed/Detachable Needles: Syringe and needle sets will either come with the needle fixed to the syringe or with a detachable needle. Some IDUs may prefer to use syringes with a detachable point. This may be, for example, because they prefer to use a larger syringe barrel with a smaller gauge needle. This is not uncommon for injectors of methadone where a 3 cc syringe may be used with the needle from a 1cc detachable set, for example which may be easier to manipulate or less intimidating.

Detachable sets may also be a useful tool for reducing risk of HCV transmission through splitting drugs. Using a dedicated syringe only – without the needle – for splitting drugs/measuring doses can reduce the likelihood that the drug mixture will be contaminated with blood from a syringe and needle set that can puncture skin and/or has been used for injection.

It is noteworthy, however, that some research suggests that HIV and HCV may remain viable longer in syringes with detachable needles – thus placing people who use syringes with detachable needles at higher risk for HCV and HIV transmission. This is largely because the construction of the syringe leaves increased amounts of blood inside the syringe. This information should be made available upon distribution of detachable sets to participants who may still prefer to use this type of needle and syringe.

Single-Use Retractable Syringes: “Single-use” syringes are needle and syringe sets that come equipped with a mechanism that retracts the needle after an injection, to ensure that the syringe will only be used once; these are most often used in medical settings to reduce incidence of needlestick. While these syringes could theoretically be valuable for preventing disease transmission and syringe reuse, research has shown that drug injectors typically do not like them and do not want to use them. They are also more expensive than traditional syringes. Therefore, they are not recommended for use in SAP programs.

Some reasons injectors have given for disliking single-use syringes include:

- The plunger cannot be removed – which is useful for mixing drugs and or loading drugs from one syringe to another.
- If the needle retracts prematurely, it can interfere with registering the shot, retrieving the drugs, and/or re-booting.
- If the set clogs, there is no way to retrieve the drug mix from inside the syringe barrel
- In cases of emergency or inadequate supply, they cannot clean and reuse their own syringes.

Other Injecting Equipment

The following list outlines various injecting equipment and supplies that are required for distribution as part of a comprehensive strategy to reduce the spread of HCV, HIV and other blood-borne infections and to promote injector health. Each item provides a description of the equipment as well as an explanation of why it is important. Links to additional resources related to injection equipment can be found in Appendix A.

Cookers (Caps)

Cookers are used to mix up (cook) the drug solution. The most common type of cookers distributed at SAPs (in the US) are aluminum “caps” – like those used for bottle tops. Caps may come with or without “threads” – the indentations in a cap when it is used for screwing it on and off of a bottle. Some users prefer “shell caps” – caps without threads – because the drug mix may otherwise get stuck in the threads. Some users will prefer the threaded caps, or a combination of the two, because they are often a slightly different size and can be used to stack with smaller caps; this is for saving cookers and drug rinses (rinsing is a technique of adding water to a used cooker or cotton to access any residual drug).

Why?

Blood inside used cookers can transmit HCV and other blood-borne infections if a contaminated cooker is used to fix drugs for injection. Cookers can get blood in them in several ways – some examples include:

- If a contaminated syringe is used to put drugs into or pull drugs out of a cooker.*
- A contaminated cotton or contaminated water (more details below) is put into the cooker.*
- If someone has had trouble finding a vein or has a problem with a syringe during injection, they may put drug mix that is mixed with blood back into a cooker to start again.*

Also it is not uncommon for IDUs to share or sell rinses. IDUs should be encouraged to use a new or clean cooker, or their own cooker, for every injection and should be advised of the dangers associated with sharing cookers/rinses.

Cottons/Filters

“Cottons”, also called filters, are used to filter impurities in the drug mix when pulling it into the syringe. Filters should be 100% cotton (or a medically appropriate alternative) and usually come in the form of smaller and/or larger pellets. Cottons will often be reused in an effort to get as much residual drug out of the cotton; this is referred to as a rinse. Smaller pellets are harder to use multiple times; less reuse will decrease the likelihood of cotton fever, a condition related to injection drug use that is caused by injecting bacteria that can develop in used cottons or filters.

Why?

Blood in used cottons can transmit HCV and other blood-borne infections if a contaminated cotton is used to fix drugs for injection. Blood can get into cottons in the same ways as with cookers (see above). In addition, cottons can easily grow/collect harmful bacteria when left over time and reused. IDUs should be encouraged to use a new, clean cotton and/or their own cotton for every injection.

In the absence of safe and sterile cottons, drug users will commonly use other products to filter their drugs, including cotton swabs, tampons, pieces of clothing, and cigarette filters among other things. Participants should be advised that cigarette filters contain tiny particles of plastic or glass and are dangerous for use as a filter. Participants should also be advised that if they are using other items as filters, cotton works best, the cleaner the item the better, and it is important to wash hands when pulling pieces off for use, to reduce the likelihood of bacteria being transferred to the filter.

Tourniquets/Ties

Tourniquets, also called “ties” are used by injectors to help identify veins and make them easier to hit. Latex tourniquets are most common and usually stronger than non-latex tourniquets however people with latex allergies will need alternatives.

Why?

Blood can get onto tourniquets and transmit HCV and other blood-borne infections. Although sometimes overlooked as a risk factor for HCV, tourniquets will often get blood on them during the injection process. If a tourniquet is left on when the needle is removed, it can cause a person to bleed excessively. Also, someone who may have to tie off multiple times trying to find a suitable injection site may move the tourniquet over recent puncture wounds, resulting in blood getting on the tie. Blood on ties may be difficult or impossible to see or distinguish from dirt. IDUs should be encouraged to use their own ties and/or mark them to be able to identify which is theirs.

Sterile water vials

Water used for injection can be contaminated with blood. It is important to use sterile water to avoid infections when dissolving and mixing up drugs and when rinsing syringes after injection. Sterile water can be purchased in small, single-use vials. Plastic bottles are more practical than glass bottles, and the smaller the bottle, the less

likely people will reuse and/or share the water. In cases where budgets are limited, water may be considered lower priority IF all participants have access to alternative clean water sources. This will not be the case if the SAP serves homeless or transient IDUs and/or IDUs who frequently inject in public spaces or other places without consistent running water.

Why?

Water used for injection can easily be contaminated with blood and can therefore transmit HCV and other blood-borne infections. Blood can get into water when an IDU inserts a used syringe into a cup, vial or other vessel either to draw up water for mixing drugs or rinsing syringes or to put water back into the vessel after the syringe was rinsed. Because of the way blood disperses in water, it can be especially high-risk to reuse water. In addition to blood-borne viruses, IDUs are at risk for other bacterial and viral infections as a result of using unsterile water sources such as puddles, toilet water, old water bottles, etc.

Alcohol swabs

Small alcohol prep pads are used to clean an injection site prior to injection to remove bacteria and germs that could be pushed into the skin. After injection, swabs can be used to clean dried blood from near injection sites and fingers; however alcohol will keep blood directly at the injection site from clotting and could cause excess bleeding. Alcohol swabs can also be used to clean one's hands if there is no facility to wash them prior to injection.

Why?

Alcohol pads are important for preventing infection and promoting better vein health. The better condition an IDU's veins, the easier it will be to get a good hit and the less likely the person will have to puncture themselves multiple times. This can reduce the amount of blood that is involved in the injection process and ultimately have implications for reducing the spread of HCV and other blood-borne infections.

The following supplies are not injection-specific, but are also considered to be essential:

Condoms (male and female)/Dental Dams and Lube

Though not specific to injectors, condoms and lube are almost always made available at SAPs to encourage safer sex and reduce transmission of HIV and other STIs.

Why?

Using drugs may influence a person's judgment, reduce inhibitions and/or otherwise increase the likelihood of engaging in unprotected sex. In addition, managing a drug habit may lead to limited economic choices which can in turn lead to increased sale of sex for money. Unprotected sex can lead to increases in HIV and HCV that can then also be transmitted through injection drug use. Lube is also important because drug use can lead to lengthier sessions that, especially when compounded by dehydration, can lead to tearing or sores and subsequent HCV transmission.

Health-related literature

A range of health-related literature can be made available to support supplies that are distributed. Literature can cover topics such as: SAP services, locations and hours, Blood-borne virus information, including HIV and HCV; safer injection and vein care; liver care; local health centers and clinics; sexually transmitted infections (STI) and free or sliding-scale STI testing sites; drug treatment options (methadone, buprenorphine, etc.); overdose prevention and education; holistic medicine and any other number of topics.

Why?

Participants need to be able to access information in different formats, on their own time. When choosing materials, be mindful about issues such as:

- *Cultural relevance*

- *Language*
- *Reading level*
- *Accuracy (are they up-to-date?)*

Informational literature assists people in understanding how to reduce risk of transmitting HIV, HCV, and other blood-borne infections, how to prevent and respond to overdose and avenues for seeking help, among other things. Literature is a non-confrontational way to help people gain knowledge and protect themselves and those around them.

The following supplies are also strongly recommended if budget permits:

Powdered Citric or Ascorbic Acid

Used for helping to dissolve crack and other solid drugs. This may actually be a required item, if participants are injecting crack and/or certain forms of tar heroin or other solid drugs.

Why?

In order to inject crack and other solid drugs, they must first be broken down and dissolved. IDUs will commonly use vinegar or lemon juice in this process which can cause dangerous bacterial infections and abscesses. Reducing abscesses and other skin infections also has implications for transmission of HCV and other blood-borne infections because of the subsequent presence of open wounds and potential for blood transmission.

Gauze pads

Sterile, dry materials for stopping blood flow after injection.

Why?

Using gauze pads reduces excess bleeding after injection and will reduce the risk that blood will be spread to surfaces and other areas.

Band-Aids

For covering injection sites and/or hiding track marks.

Why?

Band-aids will reduce excess bleeding as well as wound exposure to blood and other germs after injection. Encouraging band-aid use will reduce the risk that blood will be spread to surfaces and other areas.

Antibacterial Ointment

Antibacterial ointment can be helpful in addressing concerns related to minor skin and/or injection-related infections and increase healing time.

Why?

Skin infections and puncture wounds can increase risk of HCV and blood-borne infections because they provide an avenue for blood-blood transmission.

Twist ties

Twist ties are used for holding aluminum cookers if drugs are heated.

Why?

Heating aluminum cookers that do not have a handle can result in burns on fingertips which can subsequently increase risk of transmitting blood-borne infections. In addition, hot cookers can result in spilled drugs.

Bleach Kits

Bleach kits contain small, portable vials of full-strength bleach and water to be used in cleaning surfaces as well as used syringes and cookers.

Why?

There is debate over the distribution of bleach kits. Although bleach has been proven effective in killing HIV in syringes when used properly, research has been inconclusive regarding its effectiveness in killing HCV, and it is more likely that bleach is NOT effective 100% of the time. However, success rates for killing HCV have most recently been put above the 90th percentile. That said, there is a legitimate fear that making bleach kits available to injectors gives a false impression that bleached syringes will be safe and will not transmit infection. Recognizing that adequate injection supplies may not be available at all time, bleach kits can be one tool along a continuum of tools used for reducing risk (i.e., it is less risky to use a bleached syringe than one that has not been bleached, though a sterile syringe is preferred above all). See Appendix G online for more information on proper bleaching technique.

Split-Safe kits

Safe-split kits are intended to reduce risk when drugs are prepared in one liquid solution and split or shared among multiple people. Split-safe kits usually include a cooker (maybe in a different color, such as gold) and a syringe that is both without a needle and usually has a different color plunger to avoid confusion with syringes being used for injection.

In the absence of split-safe kits, injectors can be advised to use a dedicated and identifiable syringe (marked with a permanent marker or a rubber band, for example) for splitting drugs that will never be used for injecting or with contaminated cookers, cottons or water.

Why?

Splitting drugs is a major factor in transmission of HCV and other blood-borne infections.

Fit Packs

A “Fit Pack” is a container that has the capacity to both store new syringes and safely secure used syringes after injection.

For example, one common fit pack model holds 10 new syringes on one half of the container, and as syringes are used, they are deposited into a tamper resistant compartment on the other side of the same container. As the used compartment fills up, the area for new syringes is compacted. There are other models that use the same concept and are meant to accommodate smaller or larger numbers of syringes.

Why?

Small, manageable disposal containers will enable participants to safely return syringes to the SAP, or dispose of them on their own. Proper disposal reduces accidental needlestick as well as syringe reuse and sharing.

Safer crack use supplies

It is not uncommon for SAPs to serve IDUs who also smoke crack. The following supplies should be considered for distribution:

- Pyrex pipe/stems – Unlike glass, Pyrex stems do not break when heated. Also, unlike some metal pipes, Pyrex will not release toxic fumes when burned.
- Brass screens – Screens are used to filter the crack through the pipe. Brass screens are better than steel wool because they are less likely to break up or loosen which can cause choking, burns and cuts.
- Mouthpieces – Rubber or certain plastic mouthpieces that fit on stems/pipes can be used to prevent lip burns and to allow individuals to have their own mouthpiece if they are sharing a pipe.
- Lip balm – Balm can help protect and heal burnt or chapped lips.

Why?

HCV can be transmitted through burns or cuts resulting from smoking crack. This has implications for IDUs who are also smoking crack and may have misconceptions about their HCV risk. A comprehensive strategy to reduce the risk of HCV and other blood-borne infections among injectors will include related behaviors that accentuate risk of infection and transmission.

Baggies for packing supplies

Cottons, cookers and other supplies are generally purchased in bulk and need to be bagged prior to distribution. Small plastic bags with zipper closures work well and come in a variety of sizes.

Why?

By bagging bulk items such as cookers and cottons it will preserve the sterility of the items.

Bags for carrying away supplies

Participants will often need bags to carry away supplies from the exchange. Brown lunch bags are popular because they are sturdy and discreet, but any bags that are large enough and don't reveal content should work.

Why?

By providing bags for transport, it will enable participants to better meet their actual injection needs by providing a means to carry away all of the necessary items (as opposed to only taking what will fit in pockets, for example).

Inventory Quantities and Management

It can be difficult to decide how many syringes and other injection equipment to acquire prior to opening the program. There are several factors that will influence variations in supply need, especially early on. Most obviously, it may take some time to get the word out about the program and recruit new participants to the SAP. In addition, demand for syringes may vary depending on seasonal variations in IDU communities. For example, some cities will attract higher numbers of transient drug users during summer months. The needs assessment process will likely assist in determining initial supply quantities, based on the number of participants that are anticipated to enroll in the program over a certain period of time, often the first 12 months. Some primary factors to consider are:

- The estimated total number of IDUs in the community.
- The percentage of IDUs the SAP anticipates reaching by the end of the first 12 months (accounting for increases occurring incrementally over time).
- The average number of syringes (and variations of syringe sizes) expected to be delivered to each participant per week; this number may be graduated, growing incrementally over time, to account for behavior change.
- Current drug trends that can influence the number of syringes that participants may need. For example, increases in cocaine injection can result in more frequent injection, and subsequently, a need for increased supply quantities.

See Appendix D for more information on developing syringe and supply estimates.

When deciding upon quantities of additional injection supplies, a good rule of thumb is that at least one cooker, one cotton (or small bag of cottons), one vial of water, one alcohol swab, and one tourniquet should be available for every syringe distributed. If additional injection equipment is not made available in sufficient quantities, it will be impossible to truly curb infection of HCV.

It is also important to establish an organized system for managing SAP inventory. This system should include a way to keep track of on-hand supplies as well as a timeline for ordering new supplies, leaving enough time to receive orders even despite unanticipated shipping glitches. Also, when applicable, remember to monitor any expiration

dates on supplies. Keeping the SAP stocked is vital to maintaining trust among participants, as well as encouraging positive behavior change. When supplies at the exchange run out while participants are working on modifying injection behaviors, it makes it easier to fall back to old habits. Along these lines, it is also important for more than one staff person to be involved in, and aware of supply purchasing procedures. While it may be useful to assign a point-person or people to be primarily responsible for managing stock and or placing orders (in order to avoid duplicate orders and/or work), it is essential that this knowledge be shared and that others can respond in the absence of the point-person. The danger is that if only one person knows when and how to order supplies, the SAP could suffer shortages in the event that the staff person leaves, is on vacation or has an emergency.

Where to get supplies

The following is a list of not-for-profit venues for obtaining syringes and other injection supplies:

- The NASEN (North American Syringe Exchange Network) Buyers Club offers a way for SAPs to acquire low-cost syringes and supplies.
- When working in collaboration, Health Departments will often manage syringe supply.
- Other exchange programs can be a resource for new or smaller programs to obtain syringes and other supplies and/or in cases where there is a short-term/emergency need; other programs may also be able to share vendor information for supply purchase.

In addition, there are also several for-profit entities that sell safer injection supplies and equipment. Many of these companies can be found online, or feel free to contact HRC for more information.

DISPOSAL

Assisting participants with the proper disposal of used syringes and injecting equipment is an important role for the SAP. In turn, the SAP must comply with regulations for subsequently disposing of used syringes, which qualify as Regulated Medical Waste (RMW).

Proper disposal is first and foremost about individual and public safety; improperly discarded waste poses a risk for the continued spread of infectious disease and can result in accidental needlestick injuries. In addition, improperly discarded injection equipment can draw unnecessary attention and negative criticism to the SAP despite program efforts to improve disposal practices. Unfortunately, although improper syringe disposal does tend to decrease when an SAP is present, the reality is that drug users may still be afraid to carry used injection equipment for fear of interactions with law enforcement, and stigma around drug use makes disposal options scarce and difficult to access.

SAP Disposal of Returned Injection Equipment

The SAP will be held to standards for the proper disposal of used injection equipment, which is qualified as Regulated Medical Waste (RMW). It is important for the SAP to carefully document all procedures for handling and disposing of medical waste. Also, when RMW is disposed of, keep clear and verifiable records. It is also a good idea to become familiar with state disposal laws for your area.

Safe disposal procedures are necessary to avoid accidental needlestick injuries among staff, volunteers and participants, but also to avoid any potential backlash, should an accident occur. Although the likelihood of infectious disease transmission is low in cases of accidental needlestick, it can be a very stressful and anxiety-producing experience for anyone involved. For more information on needlestick injury prevention and response, please see Module 3.

The following are tips for the proper handling and disposal of syringes at the SAP level:

- Research statewide regulations for the proper handling and disposal of RMW.
- Consider reserving funds in the budget to hire a private waste management service that will pick up and

dispose of used syringes and sharps. In most cases, these services include any necessary supplies to properly package medical waste for disposal. Hiring a service is also useful to document proper disposal of equipment.

- Contact the local Health Department about possible partnerships to manage drop-off/collection of RMW.
- Staff must be required to attend training on proper disposal and handling of used injection equipment.
- Participants should be instructed to handle and dispose of their own returns, placing them directly into sharps containers themselves. Staff should not physically count or handle returned syringes.
- Do not make hand-counting of returns a requirement; if disposal numbers are required to receive new equipment and/or for monitoring and evaluation purposes, estimates of return numbers should be sufficient. Returns can also be measured and estimated by weight.
- Anyone working at the SAP should be instructed never to handle loose sharps without tongs, puncture-proof gloves and other protective equipment. Closed-toe shoes should always be worn while working at the SAP.
- Cleaning staff should be mindful of potential loose sharps and/or broken needle points.
- If a mobile unit is used, be sure sharps containers can be (at least) partially closed when the vehicle is in motion, in case of short stops or accidents. Similar strategies should be used for street outreach.

Individual Disposal

Tips for increasing proper disposal and handling of sharps among individuals and SAP participants (see Appendix A for links to additional resources):

- Encourage participants to return used syringes and injecting equipment to the SAP for proper disposal. This can and should be done even in cases where disposal is not required in order to receive new equipment.
- Sharps containers are vital to safe syringe disposal. Distribute sharps containers to participants in multiple shapes and sizes for easier and safer transport of used sharps and biohazard.
- When regulation sharps containers are not available, encourage participants to use other rigid containers (such as detergent bottles, beverage bottles, etc), clearly marked as “DANGER: SHARPS” or “BIOHAZARD”, to transport waste.
- Educate participants about proper handling of used syringes:
 - ☞ Breaking the needle off of used syringes is dangerous and increases risk for needlestick injuries. If the syringe cap is lost, and no sharps container is available, the tip can be carefully broken off and re-inserted to the barrel of the syringe, reinserting the plunger afterward to trap the tip safely in the barrel.
 - ☞ Only recap your own syringes. Recapping others’ syringes can increase risk of needlestick. It is unnecessary to recap if you have a sharps container readily available.
 - ☞ To properly re-cap, it is best to leave the cap on a hard surface and without touching the cap, insert the point into the cap to avoid finger pricks.
- Educate participants about the risks of carrying other people’s syringes to the SAP, unless points are properly enclosed in a sharps container.
- Explain that flushing syringes in the toilet, throwing them away in the garbage, leaving them in parks/alleys, throwing them in drains, rivers and streams and any other improper disposal methods puts municipal workers and others at risk of needlestick, and/or can increase pressure on the SAP.
- Emphasize legal rights of syringe exchange participants to return used equipment.
- Educate about other possible disposal sites including hospitals, nursing homes, pharmacies, etc.

Sharps “kiosks” or mailboxes can be a valuable tool to promote proper disposal of used syringes, especially in cases where there is not a necessity to log returns to specific individuals. Kiosks can be set up in specific locations to enable easy access to disposal and help keep neighborhoods and streets clean. Although kiosk implementation is sometimes met with resistance by community members or city agencies, there have been several cases of successful implementation.

Community Retrieval/Syringe Collection

It is important for the SAP to respond to community concerns regarding the improper disposal of used injecting equipment. In addition to educating participants and providing resources to increase proper disposal, SAPs may also consider engaging in pro-active syringe clean-up efforts in the community. This can be done by organizing crews of SAP staff and/or volunteers to go into community areas that may have higher rates of discarded injection equipment and conducting “needle sweeps”. Of course, any member of a clean-up team must be trained on proper handling and disposal of RMW and tools such as tongs, sharps containers and puncture-proof gloves must be made available to workers.

In some cases, when there is a clear and necessary advantage, these “sweeps” can be made public through the use of media outlets as a way to attract positive attention to the SAP and increase support. However, any time media is contacted and involved in SAP activities it is essential to weigh the potential for negative consequences against any possible gains. Also, it is imperative to make every effort to protect confidentiality of SAP participants.

Another strategy for assisting the community in improper syringe disposal is to develop a resource whereby the SAP can respond directly to specific community concerns. For example, the SAP can institute a hotline for community members to call and report any incidents of improperly disposed syringes. The SAP can then dispatch trained staff to retrieve and dispose of the sharps. Advocating for the use of syringe disposal kiosks in areas where IDUs are likely to access them – parks, public bathrooms, pharmacies, etc – can also be very useful.

OVERDOSE PREVENTION

When working with injection drug users, it is imperative to address overdose (OD) prevention and response. Overdose poses a significant health risk to drug users and is the second-leading cause of accidental death in the US, just behind automobile accidents. SAPs are in a unique position to address OD prevention and response so that should overdose occur, it is not fatal.

Comprehensive training on overdose prevention, recognition and response should be a requirement for all staff and should also be made available to SAP participants. Programs will also benefit from having specific protocols in case of an OD at the program.

OD Prevention and Response

In order to comprehensively address overdose, an SAP should:

- 1) Train all staff and volunteers on OD prevention, recognition and response.
 - a. Training should include the use of naloxone (Narcan), a drug used to reverse the effects of opiate overdose, and if possible, staff should receive prescriptions to be able to legally carry it. Although naloxone is not technically defined as a controlled substance by the federal or state law, it is currently a prescription drug in the United States that is subject to the general laws and regulations that oversee all prescriptions in regular medical practice. Therefore, it is possible for someone to face prosecution if they are in possession of, or use, naloxone without a prescription. Further, in some states, naloxone can only be prescribed to people who use drugs. Hiring drug users as staff would ensure that naloxone is still available on site in case of emergency.
 - b. Anyone who works or volunteers at an SAP, including front-line staff, administrators, executive directors, cleaning staff, etc, should receive comprehensive OD prevention, recognition and response training.
- 2) Address overdose with participants through training on prevention, recognition and response, as well as with ongoing education campaigns.
 - a. Ideally, the SAP will be able to make naloxone (Narcan) available to participants.
 - b. For assistance instituting an overdose prevention program, please contact HRC’s S.K.O.O.P. (Skills and

Knowledge on Overdose Prevention Project) at hrc@harmreduction.org or in California, the DOPE Project at dope@harmreduction.org.

3) Develop protocols for responding to onsite overdose, designating staff roles and responsibilities (see Appendix E for sample protocols).

Overdose is always a possibility when working with IDUs. If an overdose occurs on-site at an SAP, being prepared to respond quickly is vital in order to decrease the likelihood that the overdose will be fatal. Also, overdose – regardless of preparedness and positive outcomes – can be a traumatic experience for staff and participants alike. Without proper training, the event can be chaotic and valuable time may be wasted. When a person has overdosed, every moment counts; planning ahead can save time and hopefully, a life.

Once a protocol is developed, all staff must be trained on implementation; it is a good idea for staff to practice OD response. Staff and volunteers can role-play overdose scenarios as they would in the event it should happen in real life. Practice can be very helpful for minimizing anxiety, finding gaps in the protocol, and generally preparing staff in case of a true emergency.

Participant Education on Overdose

An SAP presents an ideal opportunity to engage with the people about overdose prevention. While it is important for the SAP to have a response protocol in place, most overdoses are going to occur outside of the program. Arming participants with the knowledge and tools necessary to properly respond to an overdose is an important responsibility of SAPs and can save lives.

There are many myths among drug using communities about the proper way to respond to an OD, and unfortunately some of these techniques can actually increase risk to the person in need. However, these myths represent a desire to respond to OD. Teaching proper overdose response, coupled with programs that train on naloxone use and provide prescription and distribution of this life-saving drug, can go a long way.

Some considerations when developing an OD education program for participants:

- Keep training sessions brief and to the point.
- Make training and education available at different times.
- Consider a brief overview of OD prevention and response upon participant enrollment.
- Develop a program for training on the use of naloxone, as well as prescription and distribution to participants. Resources on such programs are available at harmreduction.org.
- Use educational posters and brochures to make information available at any time, and make it a regular issue for discussion at the SAP.
- Develop opportunities for participants and/or staff to process and mourn the loss of those close to them in the event that a fatal overdose occurs in the community.

DATA COLLECTION, MONITORING AND EVALUATION

Ongoing data collection, monitoring and evaluation serve many important purposes for the SAP:

- To measure program effectiveness.
- To report back to regulators and funders about program successes and challenges.
- To mitigate community concerns and/or objections to the SAP.
- To identify program strengths and weaknesses.
- To improve program services and participant satisfaction.
- To apply for additional/ongoing funding.
- To inform future goals and outcome measures for the SAP.
- To identify existing gaps in service provision.

It is important to create a clear and simple plan for collecting data and monitoring SAP activities. A good monitoring and evaluation plan is not overly laborious, does not unduly burden participants, and does not interfere with meeting participant needs. Setting clearly defined aims and goals at program onset and on a yearly basis will make it easier to identify information to collect, how best to monitor activities and which outcomes to measure. This will both strengthen funding proposals and help to improve the SAP and its services. Most funders will also have specific guidelines for reporting and evaluation. It may be necessary to collect and enter data for multiple funders or agencies; try to streamline this process to reduce the burden on staff.

Transaction Data

In 2009, a group of researchers and experts in harm reduction gathered to develop a series of best practices for effective SAPs, later compiled in the report, “Recommended Best Practices for Effective Syringe Exchange Programs in the United States: Results from a Consensus Meeting.” Below are their recommendations for SAP data collection and evaluation:

A. Variables for SEP Data Collection

The data collection burden on both SEPs and IDUs should be minimized to capture only essential information regarding the services provided/received and oriented strictly to SEP program evaluation. Moreover, data collection should never interfere with IDU participation or SEP operation. Below we enumerate and describe the types of data that SEPs should collect for the purpose of program evaluation.

1. Transaction-level. SEPs should collect only essential data concerning each interaction with participants. SEPs and/or their respective jurisdictions may elect to ask IDUs for additional, optional individual-level information at each SEP transaction. Such additional, optional individual-level data collection may occur either at periodic intervals or on a continuous basis, and should position the SEP to understand better its participant population and the manner in which they utilize services. The decision for whether and how to collect this information should be made locally and explicitly justified.

i. Essential information at each SEP transaction

- Number of syringes distributed
- Number of syringes received

ii. Optional individual-level information at each SEP transaction

- Gender, age, race/ethnicity, current zip code/geographic area residing
- Last visit to SEP
- Number of people for whom IDU is obtaining syringes (i.e., numeric indicator regarding secondary syringe exchange)
- Site/service location of transaction
- Date, time

2. Program-level. SEPs usually provide a range of supplies, services, referrals, and even structured education and training, beyond the distribution of new and sterile syringes. Aggregate data capturing these activities can be compiled at the program level, and reported at regular intervals.

- Number of new and sterile syringes distributed
- Number of used/contaminated syringes received
- Number of other supplies delivered (e.g., alcohol pads/wipes, condoms, etc.) (where relevant)
- Characteristics of other services provided (e.g., vaccination, infectious disease testing, DOT, wound care, overdose prevention training and response, etc.) (where relevant)

B. Evaluating SEPs

SEP evaluation should be reasonable and rigorous in its approach, design, and methodology, and may be utilized to assess the effectiveness of SEPs at the local/jurisdictional level. Evaluation should focus on assessing the volume, adequacy, and public health impact of services. Program evaluation should be periodic and involve

randomly drawn samples of IDUs rather than requiring the continuous involvement of all IDUs who access SEP services. Evaluation should include survey administration and, where appropriate, testing for exposure to blood-borne infection. Surveys should be brief and targeted to capture information on injecting and other health risk behaviors, health problems, social-contextual characteristics, and other relevant information to guide program development and improvement.

It is recommended that any data collected from participants be optional and well justified.

Tracking syringe disposal will depend on the type of program (ex. pharmacy and hospital programs are less likely to track disposal), method of return/disposal (ex. returns are calculated by weight will be tracked differently) and criteria for syringe access (ex. if return is required for syringe distribution).

Information can be tracked using paper forms and/or computer databases. Using paper forms that are then entered into a computer can be a useful backup in case of technical problems or data losses. Sample transaction forms can be found online in Appendix J.

Monitoring Strategies

A number of strategies can be used to collect information and monitor program services on a regular basis:

- **Log books:** Shift log books kept by staff and outreach workers can be a valuable tool for evaluating the quality of interactions with staff; participant perceptions of the SAP; anecdotal reports of behavior change among participants; and staff perception of SAP strengths and weaknesses. Log books may also be used to keep track of incidents that occurred during the shift, participant reports about drug quality and/or injecting behavior patterns and/or any participant questions and feedback.
- **Incident reporting forms:** Standardized incident reporting forms can be used to report any incidents (favorable or negative) that occur at the SAP such as relevant interactions with community members or neighbors, encounters with law enforcement and/or emergency medical services, overdoses and outcomes, needlestick injuries, violence, theft and/or any potentially inflammatory interactions.
- **Staff/Team Meetings:** Weekly, biweekly and/or monthly staff/team meetings provide an opportunity for SAP workers to process daily events, offer feedback, report on important incidents, clarify policies and monitor that SAP activities are occurring efficiently and effectively. Notes can be kept of meetings, being careful to protect participant confidentiality, for reference and reporting purposes.
- **Participant Feedback Forms/Suggestion Boxes:** Providing participants with an anonymous and easy way of offering feedback, suggestion, criticism and/or praise can be valuable. Any feedback should be completely voluntary and optional.
- **Participant Advisory Board (PAB), Community Advisory Board (CAB) or User Advisory Board (UAB):** A PAB, CAB or UAB is an organized group of SAP participants and drug users who can offer feedback, guidance and recommendations regarding SAP policies and services. Although incredibly valuable, setting up a PAB, CAB or UAB may require a heightened level of organization, resources and commitment. IDU involvement in evaluation, through an advisory board or other vehicle, is recommended.

Reporting and Evaluation

In addition to being a requirement of most funders and regulators, consistent reporting and evaluation will make for a stronger SAP, one that is prepared to share information about its accomplishments, demonstrate its effectiveness and is accountable to any and all stakeholders. Evaluation and reporting, however, should foremost be valuable to the SAP and its participants. More than just a collection of numbers and/or details collected for the sake of maintaining funding, the process of tracking and understanding what is working well, areas for improvement and trends in syringe delivery can be extremely helpful.

Reports

Reports of SAP successes, challenges, transaction data, incidents and other valuable information can be compiled into reports at various intervals: weekly, monthly, quarterly and/or annually. Creating forms and checklists to standardize information to be included in reports can be a useful strategy for simplifying the task. Frequent routine reporting will make end-of-year reporting to funders and regulators easier and less time-consuming, and will decrease the likelihood that reports will reveal any big surprises as to whether the program has been meeting pre-defined goals.

Evaluation

Regular evaluation will be valuable to the continued growth of the program and to ensure the SAP is effective. It can also be instrumental in validating need for the expansion of services. The SAP should be committed to making changes as a result of findings.

There are different types of evaluation that may be appropriate, including:

- **Process evaluation:** Used to measure how the SAP is conducting services overall and the effectiveness of the SAP in meeting its goals. It will include measures such as coverage of syringe delivery, return rates, participant satisfaction, cost-effectiveness of the program, etc.
- **Outcome or impact evaluation:** Measures the overall impact of the SAP on the community and will investigate broader measures such as behavioral and biological outcomes, impact on infectious disease rates and incidence, etc. Generally speaking, outcome evaluation will be more expensive and it can face challenges to accuracy and reliability, given limitations inherent in measuring social trends.

Evaluation does not have to be complicated. Consider which aspects of the SAP that you want or need to evaluate. Be realistic about what can and cannot be measured. If budget permits, it can be valuable to hire an outside consultant to conduct program evaluation. This will decrease internal bias and offer fresh perspective. In addition, evaluation can be a lot of work, and contracting out can relieve that burden from staff and volunteers who will be busy with their regular duties. It may also be possible to partner with a university, where academic researchers may be interested in conducting the evaluation. In any case, outside evaluators must be chosen with care to ensure that they will respect the SAP, its mission and its participants.

Conducting evaluation in harm reduction programs brings a unique set of challenges. Harm reduction programs traditionally place higher value on issues such as:

- Smaller, incremental changes
- Individualized change based on goals participants define for themselves
- Staff and participant attitudes and well-being
- The “spirit” in which services are delivered (a combination of moral, ethical, ideological and experiential values)

A successful program will, therefore, be one that runs according to the values and principles of harm reduction, such as:

- Treating people with dignity and respect
- Creating a nonjudgmental and safe environment for participants
- Meeting people where they are and encouraging people to set their own goals
- Involving drug users in program activities, direction and evaluation

In addition, quantitative measures to consider for evaluation include incident rates of HIV, HCV and HBV as well as “coverage” estimates, or how well the SAP is reaching IDUs (this is discussed in more detail in the World Health Organization/UNAIDS publication [Guide to Starting and Managing Needle and Syringe Programmes](#)).

Methods

After deciding specifically what needs to be evaluated, there are numerous methods that can be used to conduct an assessment.

Any reports that have been written should be compiled and reviewed. In addition, syringe transaction, referral and enrollment data will of course be needed for analysis. Log books, meeting notes, staff evaluations, incident report and other existing sources of information should also be reviewed for inclusion in evaluation.

The following activities may also be appropriate on a semi-annual or quarterly basis as a means of soliciting specific input from participants and other constituents for evaluation purposes. These activities should be targeted, brief and accessible:

- Focus groups
- Participant surveys or questionnaires
- Staff surveys or questionnaires
- Community surveys or questionnaires
- Interviews

MODULE 3: ORGANIZATIONAL ISSUES



MODULE 3: ORGANIZATIONAL ISSUES

SAPs faces unique organizational issues given the unconventional work environment, varied personal experience of staff and volunteers, and the commitment to creating a workplace that is consistent with the social justice values of harm reduction. For an SAP to be truly successful in upholding its principles, operations and relations with staff must be consistent with the nonjudgmental, holistic and empathetic services it provides to participants.

“KNOW THYSELF”

An SAP is more than a social service or public health intervention. It is a creative social justice project that has the potential to challenge your world-view and take you to new and exciting places – personally as well as professionally. Understanding what brings you and others to the work of starting an SAP is an important step in the process.

Consider the following questions for yourself and encourage potential staff to do the same:

- What personal experience drives you to do this work?
- Why are SAPs important to you?
- What do you hope to gain from starting the SAP?
- What are your fears or anxieties as you enter into the process of starting an SAP?
- What strengths, and weaknesses, do you bring to the work?
- What biases do you bring to the work?
- Do you feel supported by your agency?
- What resources do you have for nourishing your spirit and keeping yourself grounded throughout the process?

Some of these questions may seem relevant to you; others may not. Perhaps there are other questions that will help you to locate yourself within the work. Either way, careful consideration of all that you and/or your agency hope to achieve in pursuing this project will likely prove helpful throughout the process.

STAFFING CONSIDERATIONS

A strong team of staff and volunteers brings varied experience, skills and energy to the SAP. Building a competent, knowledgeable and approachable staff will ensure good relationships with engaged participants. A unified staff that works well together and feels supported will be able to function as a better team, resulting in a safer and more enjoyable work environment. All staff must be on board with the mission and vision of the SAP and should understand the need for syringe access as well as the various components that make up the SAP.

SAPs face unique staffing challenges. For an SAP, hiring staff with current and past experience with drug use is an asset and a responsibility. It can be difficult to manage dynamics between staff with histories of drug use and those who may have limited or no experience with drug use. Also, staff are likely to have different educational backgrounds and varied employment histories. A well-run SAP ensures that the skills of all staff and volunteers are maximized and utilized in an appropriate way.

Before beginning the hiring process, evaluate the total number of individuals that will be needed to run the program.

Consider a good mix of full- and part-time staff, peer workers, stipend workers and any volunteer opportunities. Budget and resources will dictate how many paid staff the SAP will be able to employ. SAPs with insufficient resources to pay for enough staff coverage or rely largely on volunteer support may face significant challenges to sustainability. However, volunteers and paid peer workers can be a tremendous asset to the SAP. Find an appropriate staffing balance based on the breadth of services the SAP provides.

Volunteers and Peer Workers

Volunteers can be a great asset. While using volunteers can help keep program costs down, volunteer workers still require supervision, training and support. Consider instituting a trial period for volunteers to assess whether they are a good fit for the program and vice versa. Where appropriate, provide some form of compensation to volunteers if resources allow, such as travel reimbursement and/or stipends.

Some professions and academic programs require people to gain clinical or experiential training hours. In cases where the program and the individual make a good fit, this can be a mutually beneficial relationship and great way to access the expertise of medical students, social workers, etc. Professionals in these types of relationships gain the insight and expertise unique to working in an SAP, which can lead them to become champions for harm reduction, syringe access and the rights of drug users in their future careers.

Peer workers bring personal experience of drug use to an SAP and insight into their communities. While employment of people with varied experiences with drug use will be discussed in greater detail below, peer workers are somewhat unique because of the emphasis on their shared experience with other participants. Utilizing peer workers can amplify the voices of users and participants as well as extend the reach of the SAP. In addition, peer programs can help transition people who may have limited employment experience or who have been out of the workforce for extended periods back into a professional environment. As with anyone working in an SAP, proper training is important for peers. Given the close relationships peers may have with other participants, peer training should emphasize how to define and set individual limits and boundaries in the workplace. Of course, it is important to provide peer workers with equal recognition for their work, acknowledgement of their expertise, and compensation for their time and efforts.

Hiring and Working with Drug Users

People are drawn to the work of providing syringe access for any number of reasons. The truth is one would be hard-pressed to find anyone who has not, in some way, been impacted by substance use, be it first-hand, through the experience of friends or loved ones or more peripherally. While some people may be comfortable disclosing their own drug use when seeking employment at an SAP, others may not be able or willing to share this information. Peoples' experience along the continuum of drug use should be acknowledged and valued along with any number of other characteristics they would bring to the job. Once hired, staff should be measured on the merits of their work and their ability to perform the tasks required of them, regardless of their former or current drug use.

However, from the perspective of an SAP as a social justice project committed to advancing the rights of IDUs, it is only appropriate to deliberately seek the employment of active IDUs. Active IDUs will have insight into current cultural norms among drug users, may be able to gain trust from participants more easily, and give credibility to the program. In addition, IDUs come with a set of skills and experiences that need to be honored and acknowledged. Conversely, IDUs who are too close to the participant base may find it difficult to set appropriate boundaries or discuss sensitive health information and risk behaviors. Current IDUs may also face challenges with reliability and the demands of work while juggling the needs of drug use. Proper supervision, training, and support can be especially vital to workers who are actively injecting drugs.

Former IDUs and those in recovery may also be good candidates to staff an SAP. As with active IDUs, former injectors will bring first-hand knowledge of cultural norms and sensitivities of drug users as well as the experience

of making changes to their drug use. Former users may find that working at an SAP is especially rewarding given their own struggles and a desire to help others. However, it is not uncommon that former drug users sometimes exhibit heightened judgment toward current users and will have a difficult time supporting the struggles and experiences of active IDUs. While often well intentioned, some former IDUs can further marginalize participants by over-identifying with them or proselytizing about their own path to abstinence. In addition, an SAP may be a difficult environment for some former IDUs if abstinence from drugs is their goal. Again, supervision and training will be important to avoid potential problems and provide a supportive work environment for former IDUs.

People with limited, recreational, and/or no drug experience can also be valuable assets to an SAP. However, unlike the traditional protocol where drug-users have an initial bias to overcome, in this case the burden of building trust may be on the non-user. Of course, non-IDUs can bring valuable skills and a fresh perspective as well. Non-IDUs may need additional training on the process of injection, common slang, and cultural norms to best understand how to counsel participants about risk and engage in a comfortable and non-threatening way.

In addition to considerations regarding experience with drug use, staff should reflect the full diversity of the populations that the SAP will be serving. A culturally competent staff will be attentive to a broad range of factors including, but not limited to:

- Race/ethnicity
- Culture (including first languages)
- Gender
- Age
- Sexual orientation
- Life experience (for example sex workers, history of incarceration, etc.)

The best staff team will be one that brings a variety of experiences to an SAP. Of course drug use is not something that can be defined in the moment a person is hired at an SAP; drug use can fluctuate for anyone at any time, regardless of previous history. It can be dangerous to make assumptions about who is using drugs, how, and when. An SAP should be a place where drug users – staff and participants alike – can feel safe and supported as individuals. Lines of communication should remain open and people should be afforded the opportunity to disclose concerns about their drug use without fear of reprimand. Unfortunately, stigma around drug use, especially in the workplace, is so pervasive that even despite the best efforts to create an open and supportive environment, some staff may be unable or unwilling to discuss their use – especially in cases where it becomes problematic and/or interferes with their job. Supervisors and management should be trained on how to best manage these situations, and staff should be offered extra support.

Skills/Qualifications

There are a number of general characteristics and values that are important for SAP workers to have. In addition to an interest in the health and well-being of drug users, the following are additional characteristics to look for:

Non-judgmental: Having an open mind and the capacity to accept people, regardless of one's own opinion on their personal choices, are of primary importance when working in an SAP. Participants at SAPs may make choices that are hard to understand, that threaten their own health and safety (as well as that of those close to them), and that pose great challenges to making changes. It is critical that SAP staff understand how to educate and help people understand their behaviors while offering unconditional support that allow people to be autonomous, make mistakes and ultimately to decide what is best for them.

Flexibility: An SAP is a dynamic environment and requires workers to think on their feet, be creative and be flexible with conditions they may not be able to control. While it is important for SAP workers to be trained and skilled in setting appropriate boundaries, the ability to roll with the unexpected will be very helpful - be it a result of staff/participant behavior, shifts in funding, staff turnaround or many other reasons.

Authenticity and honesty: Given the illegal nature of drug use and the subsequent stigma and negative consequences often associated with it, many drug users have developed an ability to read people and their intentions very well as a protective measure. SAP workers who are genuine, honest, and are up front with their intentions will be more effective in building trust with participants.

Good communication: Effective and clear communication skills are crucial for SAP staff. It is important to be able to articulate expectations, concerns and observations. Furthermore, good communication can minimize conflict and misunderstanding with staff, participants, community members and external entities (such as law enforcement).

Listening skills and empathy: Inherent to good communication is the ability to listen. Sometimes the most valuable service an SAP can provide is as a place for people who have too often been ignored and discounted to tell their stories, voice their concerns, and be heard and validated.

Emotional stability: Given the stressful and sometimes overwhelming nature of working in an SAP, staff who are well-grounded emotionally will best be able to handle the work environment. Of course, everyone has periods of ups and downs; however, people who are very easily upset, fragile, or emotionally volatile may not be best suited to work in an SAP. Assess the coping skills and support systems of potential staff members in the hiring process.

Professional and reflective use of self and thoughtful boundaries: Staff should be provided with additional training to understand and set thoughtful boundaries. However, it is helpful to look for staff who may already have a good grasp of these concepts. While each individual will bring their own unique set of experiences and needs to work in an SAP, it is a valuable skill to be able to decipher when and how to insert these experiences and needs into professional work.

The following specialized knowledge can also be valuable for potential SAP workers:

- Harm reduction
- HIV and/or HCV
- Counseling and/or crisis intervention
- Office and administrative skills
- Professional skills such as social work, psychiatry, sociology, or medical training

SUPERVISION IN A HARM REDUCTION WORKPLACE

Thoughtful and attentive supervision is especially important at an SAP given the complex dynamics between the intensity of the work, potential for drug use and recovery issues among staff, high turnover common in social service jobs and burnout associated with direct service and social justice work. Beyond ensuring that all staff receives proper training and support, supervision in a harm reduction workplace requires special attention to the holistic care of staff. Working in an SAP can entail experiencing a type of vicarious trauma, through the witnessing of suffering, poverty, violence, addiction and desperation among an already marginalized group; simultaneously, there is opportunity for camaraderie, celebration and personal development. Supervision and workplace structure in general must be attentive to the complexities that exist when working at an SAP.

For people working in an SAP, the line between the personal and the professional may sometimes be unclear. This requires a special finesse and the capacity of supervisors to understand when it may be necessary and appropriate to discuss factors affecting staff outside of the workplace.

Supervisors in an SAP should communicate clear expectations to staff. They should meet regularly with staff to acknowledge accomplishments, recognize challenges, and discuss overall job performance. In addition, supervision meetings should provide an outlet for staff to discuss any struggles or issues related to drug use or support they may

need in relation to their use. It is recommended that supervisors have an open door policy where staff can feel free to come to them with suggestions, concerns, or questions.

Staff Burnout

An SAP working environment can be emotionally challenging. While the work also provides many rewarding experiences, the more difficult aspects of syringe access work can take a toll on workers.

SAPs are traditionally marked by unconventional hours and a day-to-day work environment that is constantly shifting based on the flow of participants. In addition, unlike some jobs wherein tasks are assigned and completed and new tasks are begun, the work of providing syringe access and helping drug users is never “finished” work. This can sometimes leave workers struggling to feel a sense of accomplishment or success. Similarly, it can be difficult for staff to witness participants struggling with their use and/or other factors in their lives – such as relapse, homelessness, and mental health problems. Working with drug users means dealing with life and death situations on a daily basis. Overdose, trauma, and violence are unfortunate and often frequent realities for many drug users, and staff will inevitably absorb some of that pain.

In addition, as participants struggle to survive in a difficult and hostile world, workers may witness behaviors that are hard to reconcile, such as lying or manipulation, even among people they have developed strong and friendly bonds with. This can be very difficult on workers and can feel very personal. When these circumstances do present themselves they, can have a serious impact on the well-being of staff, leading to burnout.

Burnout in the workplace is often marked by patterns such as:

- Frequent absenteeism or tardiness
- High staff turnover
- Conflicts among staff
- Low level of job satisfaction
- Ineffective service delivery
- Anger towards participants
- Impact on physical health

While each person experiences burnout differently, it can often best be prevented and addressed at an organizational level. Thorough training and supervision is necessary to properly nourish staff and promote success on the job, allowing workers to feel confident and prepared. Attentiveness to team-building and communication will foster a supportive work environment where staff does not feel isolated. A commitment to fairness, transparency, and authentic involvement in the direction of the program will also help to prevent workers from growing resentful or feeling removed and disconnected.

Other ways to prevent burnout include:

- Supporting staff in setting appropriate boundaries with participants and work.
- Ensuring complete staff coverage so that people are not putting in too many hours.
- Prioritizing ongoing training and staff development.
- Regular team building exercises.
- Sharing data and program evaluations on a regular basis so that staff knows the value of their work.
- Individual or group clinical supervision for staff with an outside social worker, psychologist, or psychiatrist.
- Recognizing staff accomplishments and promoting people where possible and appropriate.
- Sending staff and peers to local and national conferences to provide them with networking opportunities and the sense of being part of a larger “movement” or community.

Above all, an SAP that is committed to a spirit of care, community and health for its participants must translate these same ideals to volunteers and staff. Preventing staff burn-out must come from a broader awareness of who

your staff are, what they need to feel supported and appreciated, and how they learn and process information. Patience, forgiveness, and attention to the emotional health of workers will go a long way. In addition, it is vital to understand that burnout can be contagious and must be addressed at every level of the organization. Staff turnover will impact the day-to-day functioning of an SAP. It increases the amount of work on remaining staff, while also raising general stress levels due to transition and the need to rebuild trust with new hires.

STAFF TRAINING

Staff training is a vital component to a successful and responsible SAP. Training informs the way that services are delivered and ensures a consistent knowledge base among staff. Solid training about the values driving the program ensures that all participants entering an SAP will feel welcome, comfortable and respected.

All staff and volunteers should complete a core training curriculum. Ideally, there will be several qualified “in-house” trainers (either staff or volunteers) who can deliver training according to a regular schedule or on an as-needed basis. Records should be kept of when trainings occurred, who conducted the training, where the training occurred, and who attended the training. In some cases, it may be appropriate for people to attend refresher courses as needed.

The following training basics are recommended for all program staff and volunteers:

- Agency policies and procedures and relevant regulations, including emergency/safety procedures, general operating procedures, reporting requirements, etc.
- Harm reduction 101
- Legal and law enforcement issues and policies
- Syringe disposal and safety, including needlestick procedures
- HIV and Hepatitis basics and prevention
- Safer injection and overdose prevention
- Referral networks and procedures, including drug treatment, and medical care
- Cultural competency, including sensitivity to the needs of youth, lesbian/gay/bisexual/transgendered individuals, people of color, women, sex workers and other participant populations.

In addition to the core training program, advanced training and ongoing staff development should also be prioritized. There are a number of institutions that provide technical assistance and ongoing training in cases where in-house training is not possible and/or appropriate. Inviting guest speakers and trainers to staff meetings can be a good vehicle to provide ongoing education. In addition, conferences and off-site training institutions offer a good opportunity for staff and volunteers to network with other providers and gain important experience and insight. Some topics for ongoing/advanced training include:

- Drugs and alcohol 101
- Wound and abscess care
- Outreach methods and practices
- Motivational interviewing and the stages of change
- Interpersonal skills including boundary issues and engagement
- Case management
- Mental health and harm reduction
- Domestic violence and harm reduction
- Harm reduction for sex workers

SAFETY ISSUES

The safety and security of staff, volunteers and participants must be of utmost concern. SAPs face unique safety issues for several reasons including:

- The illegal and potentially violent culture associated with buying and selling drugs and obtaining money to buy drugs.
- Unpredictable behaviors sometimes exacerbated or caused by the use of drugs (including paranoia and potential delusions).
- The vulnerability of drug users to exploitation and abuse.
- The presence of sharp and potentially contaminated materials, including needles, syringes and other equipment.

Proper planning and protocols can help to minimize certain risks and potential threats.

Staff and volunteers should be encouraged, if not required, to work in pairs or groups. This will minimize vulnerability and allow workers to look out for each other, respond to any issues more effectively, and consult each other for guidance and support.

Staff and volunteers should be discouraged from wearing especially valuable jewelry or adornments to work. Staff and volunteers should also be provided with a designated area to lock up any personal belongings or valuables when they report to work. In addition, the SAP should secure any valuable items such as laptops/computers, money and electronics.

Should safety or security be compromised in any way, be sure to debrief with any staff and learn from the incident. Consider necessary program measures to prevent a similar incident from happening again. Additional training and review of policies may be necessary if problems are ongoing or serious.

Dealing with Conflict

If conflict occurs at an SAP, the safety and security of staff and participants must be the priority. However, the health and safety needs of those individuals involved in the conflict must also be taken into consideration. Setting clear expectations with participants will be essential, as well as outlining any consequences for disruptive or violent actions.

As a team, SAP staff should develop a strategy for dealing with conflict at the program. Establish a set of general policies that can be tailored to the individual circumstances of any single incident. When making decisions about appropriate responses, it is necessary for all staff involved to have their concerns heard and validated. Staff should understand and respect any policies and decisions that are implemented, back each other up, and respond consistently to conflict as a team.

Often, conflict will arise as a result of individuals experiencing increased levels of stress, desperation, anxiety or fear. Consider ways of setting appropriate boundaries and imposing consequences with participants involved in conflict that will not exclude them from services such as syringe access. Again it is likely that conflict will arise when participants are most in need of support and assistance. Finding ways to engage these participants about their actions, demonstrate unconditional care for their health and well-being, and encourage them to learn from their actions will likely be more helpful for everyone than simply denying all services to difficult participants.

SAP staff should discuss and take seriously decisions about when to call law enforcement for assistance. With little exception IDUs have not had positive interactions with law enforcement. While some situations may indeed warrant police involvement, bringing police to an SAP can have serious implications on trust and relationships with participants. Be sure to communicate clearly if and when police have been called. Give participants who are not

involved in the incident the chance to leave before police arrive and to the extent possible, explain why it was necessary to involve law enforcement.

Needlestick

SAPs should properly educate staff and volunteers about the risk of accidental needlestick. Training must be provided on the proper handling and disposal of needles and syringes, as well as the proper protocol for responding to needlestick injuries should an accident occur. It may be necessary to report any needlestick injuries to regulators and/or the Health Department especially if the program receives oversight from a governing body. See Appendix H online for a sample needlestick injury response protocol.

The risk of transmission of blood-borne infections from needlestick injuries varies based on numerous factors including:

- The type of needle - Hollow-bore needles (such as those used for drug injection) increase likelihood of viral transmission from needlestick.
- Whether the needle passes through gloves, clothing or other protective layers prior to breaking skin.
- The length of time that any blood in the syringe has been outside of the body.
- The conditions the syringe has been in prior to the stick – i.e. temperature, location.
- The depth of the puncture.
- The amount of time the needle is in the skin.

According to a 1993 study by L.J Short and D.M. Bell, the risk of infection from a single needlestick incidence was calculated as follows:

HIV: 0.3%

HCV: 2%

HBV: 20%

Tips for Preventing Needlestick Injuries

The following precautions should be taken to avoid accidental needlestick injuries:

- Staff should NEVER handle participant syringes.
- Encourage participants to recap their own syringes.
- In cases where loose syringes need to be picked up by staff, tongs and heavy-weight gloves should be provided and used.
- Advise participants not to break the tips off of needles, explaining that the practice increases risk of accidental needlestick.
- Syringe transactions should be handled one person at a time.
- Empty biohazard containers when they are 3/4 full; do not let them get overfilled.
- Never insert hands into biohazard bins for any reason.
- Distribute and encourage participants to use sharps containers.
- Advise staff and volunteers against wearing open-toe shoes to an SAP.

Vaccinations

Staff and volunteers should be educated about the protective benefits of getting vaccinated for hepatitis A and hepatitis B.

Education should also be provided about HIV post-exposure prophylaxis (PEP), the use of antiretroviral drugs to reduce the likelihood of transmission after potential exposure to HIV.

MODULE 4: EXTERNAL ISSUES



MODULE 4: EXTERNAL ISSUES

OUTREACH TO INJECTION DRUG USERS

Outreach can be a valuable tool for expanding the reach of SAP services and ensuring that IDUs have access to sterile injection equipment when they most need it. It can also be an effective way of reaching IDUs who are less likely to visit an SAP onsite. Determine the purpose of specific outreach and identify which services, if any, will be able to be delivered based on capacity, resources and need.

There are several methods of outreach that can be implemented. In some cases, staff will simply travel around to areas where drug users may be in order to inform people that an SAP exists and provide more information about the services that are available. This can be done by visiting community-based or AIDS-service organizations and doing scheduled presentations or by going to parks, single-room occupancy hotels and shelters and other public places where drug users congregate. Results from any preliminary needs assessment can be useful for identifying targets for outreach.

Street outreach can also be a means of providing syringe access and other supplies to different locations. Backpacks can easily transport syringes, other sterile injection equipment, condoms, educational materials and disposal containers for distribution. Some programs set up a table on the sidewalk to attract people. In cases where staff and volunteers will be traveling with sterile injection equipment and collecting used syringes for disposal, it is important to inform local law enforcement of outreach activities. In addition, an SAP will need to develop policies and procedures specifically for outreach teams in order to protect the safety of outreach teams and participants. The following recommendations ought to be taken into consideration:

- Street outreach may be safer if conducted in pairs or small groups, taking gender into consideration to account for safety. Exceptions may be made in cases involving peer or secondary distribution or under other circumstances. If outreach is done alone, extra communication and safety planning may be necessary.
- The outreach team should be familiar with the area where outreach will be conducted.
- Suitable outreach attire should include comfortable shoes and conservative or subtle and weather-appropriate clothing.
- Proper training on outreach regulations, methods, confidentiality and safety is essential.
- Outreach workers should carry identification at all time and whenever possible, provided with documentation from the program about their relationship to the SAP.
- Follow procedures for safe disposal of syringes and carry sharps containers that are small enough to transport, but large enough that they will accommodate several transactions.
- Avoid carrying valuables such as jewelry, money and electronics while on outreach.
- Do not carry weapons or drugs on outreach.
- Outreach workers should be trained in overdose prevention, recognition and response.
- Develop simple tools for documenting outreach activities.
- Log books are useful for recording any important incidents and/or other information from outreach shifts.
- Develop educational materials and program advertisements specifically for use on outreach; this can be used to begin conversations and to distribute to people who can't stop.

Both hours and location influence the success of outreach. Choose times when drug users will both be present at a location, and available to stop and engage with workers for a brief conversation. For example, mornings may be a bad time to engage IDUs because they may be primarily concerned with avoiding withdrawal sickness. In addition, while weather and seasonal changes may be cause for shifts in outreach schedules, every attempt should be made

to maintain a regular outreach schedule. Outreach times can also vary depending on the target population and outreach location. For example, outreach to sex workers will likely be more effective in the evenings, at night or very early in the morning, while outreach near homeless shelters may be more effective in the morning or evening when people are arriving and/or leaving.

Making contact with IDUs

Making contact with IDUs and building an initial outreach base can take time. When initially approaching potential participants, outreach workers should always identify themselves and the program they represent. Be especially mindful not to interrupt IDUs during “business transactions” as this can put everyone involved at risk, can compromise trust and is generally an ineffective time to engage with someone about their health or injection practices. At all times, it is important to take cues from the participant. If they do not want to stop and talk or seem to be in a rush, don’t push them; let people know what services you can provide and when you will be back. Respect that people may have different boundaries and comfort levels with being identified as an IDU inside and outside of an SAP. Maintain confidentiality and be cautious when discussing any personal information with people in groups.

Trust takes time and participants may not feel comfortable talking about personal issues right away, especially in a public or exposed setting that might make them feel vulnerable. Feel free to joke and engage in casual conversation to establish rapport. People usually have different norms and expectations for interacting with people on the street, as opposed to in a more formal setting. Be open to developing a more laid-back relationship, while also keeping outreach and service-delivery as the priority. The best outreach workers will be able to incorporate safer injection and health messages into conversation in a way that does not feel forced and that takes cues from participants.

Peers can be an incredibly valuable resource for conducting street outreach. They possess special skills and insight and may be able to build trust with participants faster than other workers. Peers are likely to be able to identify the best areas for outreach, point out potential challenges and assess a situation rapidly.

Referrals and Linkage to Drug Treatment

Research shows that syringe access services increase referrals to drug treatment services, serving as a critical link for IDUs. Drug treatment can be difficult to access for IDUs. There are insufficient treatment resources and those that are available often have intake requirements (ID, individual health and drug use circumstances, hours of intake, etc.), insurance limitations or prohibitive costs, complex regulations (e.g., methadone). Beyond those barriers, there are challenges in understanding the different treatment options that are available. Compounding these difficulties is the fact that drug treatment is often sought in times of crisis, when even easier tasks are challenging and thus very difficult decisions about changes in drug use can seem paralyzing.

SAPs are uniquely positioned to assist IDUs in understanding their treatment options and connecting them with services. SAPs have frequent contact with people struggling with their drug use, creating an opportunity for staff to build relationships and trust that facilitate ongoing dialogue with people about their drug use and its impact on their lives. When a person decides to make changes to their drug use – such as taking a break, cutting back or stopping completely – they have a safe place to discuss the possibilities and find the treatment option and program that will best meet their needs.

Staff should understand how to engage with people about treatment decisions in a way that respects autonomy, offers assistance, and does not feel judgmental. This allows people to make decisions and set goals for themselves. Participants should also feel safe to return to an SAP after treatment, knowing that they will be accepted and welcomed, regardless of treatment outcomes. Many IDUs have a complicated and long history with drug treatment. This can mean that even basic discussions about treatment could bring up painful associations in addition to issues around self-confidence and internalized shame.

The following suggestions are intended to help SAPs prepare in making meaningful treatment referrals:

- Compile treatment directories that include location, intake criteria, hours of operation, payment options, treatment modality, special services, and any additional information that may be helpful to participants; be sure to update the information regularly.
- Cultivate personalized contacts with local drug treatment centers, which can help with intake and availability.
- Ask people for feedback about their experiences at different treatment programs to share with other participants making treatment decisions.
- Investigate public health insurance/Medicaid treatment limits and restrictions.
- Ensure that staff understand the full range of treatment options available, including: detox, short- and long-term inpatient/residential, outpatient, methadone, buprenorphine, 12-step, harm reduction support groups, and therapeutic communities.

COMMUNITY ENGAGEMENT AND SUPPORT

In addition to treatment-related referral networks, SAPs can benefit from proactive engagement and involvement with other community groups as well. IDUs often have a complex range of needs that may not be directly related to their drug use, but are certainly likely to have an influence on their stability and overall quality of life. SAPs can engage with the community in several ways, including:

- Building referral networks
- Advocacy and community activism
- Public Service

Building Referral Networks

IDUs are likely to seek assistance with a range of issues. While some SAPs may obtain additional funding to incorporate ancillary services into their programming, all SAPs can build networks with community providers that will assist in meeting participant needs. SAPs should create a referral directory that includes information about issues such as:

- Housing programs
- Food pantries
- Public showers
- HAV and HBV vaccination sites
- Sexually transmitted infection (STI) testing
- HIV/AIDS and HCV testing and health services
- General health referrals (clinics with free or sliding-scale fee schedules, local hospitals, etc)
- Legal assistance
- Public benefits assistance
- Faith-based services and organizations
- Complementary and alternative medicine (CAM) practitioners

It is important to include referral options that treat participants from a harm reduction perspective, and to inform participants when this may not be the case. It may be possible to negotiate ways of providing harm reduction/syringe access training and technical assistance to other community groups, especially in areas where there are few harm reduction referrals available.

SAPs can also establish individualized relationships with service providers. It may be possible to obtain a list of registered community and civic groups to help identify possible partners. A representative of the SAP can visit community organizations and give a brief presentation of SAP services and achievements. Maintain a list of contact information for specific individuals involved in the various agencies that are supportive of the SAP. Emphasize the mutual benefits of working together when building relationships with community players. Remain consistent, update community organizations on SAP changes, and always follow-through on commitments to provide additional

information or follow-up. Formal linkage agreements with key partners can strengthen mutual investment and document respective roles and commitments.

Advocacy and Community Activism

SAPs can also serve as a valuable player in community affairs through involvement in advocacy and activism around policies relevant to IDUs. This can occur at the local, state or even national level. Too often, policies that affect drug users are developed and promoted without the input of drug users and drug user allies. Consequently, these policies are not only unhelpful, but often times have a direct negative impact on IDUs. By amplifying the voices of IDUs and sharing their expertise and insight, SAPs have the potential to advance meaningful structural changes that will support and promote IDU needs.

One approach to community activism is through the creation of a “user union” or other user-driven advocacy group. This organizing model allows drug users to drive the agenda and identify campaigns that reflect their priorities. User groups support the empowerment of users and offer valuable skills building. User unions may require additional resources and commitment from the SAP to support their efforts and vision. In addition, user unions will likely benefit from the expertise of a community organizer if resources allow. Whether an SAP decides to organize a user union or take another approach to advocacy, it will be essential for IDUs to be involved in the planning process and that their voices and concerns remain central.

Advocacy can also be incorporated into the day-to-day job responsibilities of certain SAP staff members. For example, staff may be encouraged to get involved with planning councils, attend community board meetings, reach out to other community groups or engage with politicians. Staff should develop strategies for keeping abreast of changes in policy at any level that could have implications for participants. In some cases, it may be appropriate for certain staff to be focused on specific issues – for example HIV, HCV, housing or criminal justice.

SAPs should also develop strategies for engaging with the media, both in cases where the SAP may want to promote a specific media campaign, as well as for when comment is sought by the media in response to policy changes or specific incidents in the community. Messages and sound bites should be carefully constructed to ensure respect for participant confidentiality, minimize negative attention to the SAP, and communicate ideas and messages clearly and effectively. Identify media point-people who will be able not only to hone messages and media strategies, but also to build contact lists of journalists who may be more supportive or familiar with the benefits of SAPs. Links to resources for working with the media can be found in Appendix A.

Public Service

SAPs can and should be a resource for the entire community. The more an SAP invests in the community around them, the more likely that the community will identify the SAP as a valuable resource and indispensable member of the community as well.

SAPs can reach out to city workers and departments, as well as residents, business owners and law enforcement as a resource for syringe clean up and disposal, distributing and retrieving sharps containers if necessary. SAPs can provide education and training on topics such as overdose prevention in cases where public injection is an issue. SAPs benefit from identifying themselves as resources to the community and making themselves available to respond to emergencies or concerns.

WORKING WITH HEALTH DEPARTMENTS

Productive collaboration and communication with health departments can be vital to the success of. Health departments may develop SAPs themselves or seek out community-based organizations to provide syringe access services.

Health departments can be a natural ally given their common interest in reducing the spread of infectious disease and promoting greater public health. The support of health departments can build the credibility of the SAP and garner support from neighbors, the community at-large and law enforcement. However, it may be necessary to educate health departments about the benefits of SAPs, provide scientific evidence supporting their implementation, and describe challenges that can be imposed by certain regulation strategies.

A supportive and engaged health department can validate SAPs as important tools in promoting community health and potentially provide the legal basis for operation. Health departments can allocate valuable funding toward syringe access services. In addition, they can provide numerous resources to the SAP such as access to testing services, vaccination, healthcare referrals and other service linkages. Health departments that are on board with the SAP may also be able to coordinate provision of syringes as well as disposal of biohazard and sharps.

There can also be challenges when collaborating with health departments. Perhaps the biggest challenges will be related to the bureaucracy that can be tied to governmental systems. Health departments may have strict reporting and regulation requirements that, while often valuable, can also be very time-consuming and inefficient. Some policies imposed by health departments may be hard to reconcile with SAP participants (i.e. policies around exchange vs. distribution, limits to the number of syringes that can be exchanged and/or limits on secondary exchange). SAPs may feel a certain loss of autonomy under health department regulation. However, the benefits of collaboration, including the impact on project sustainability often outweigh the drawbacks.

The following principles foster successful collaboration between SAPs and health departments:

- Clear understanding of expectations from both parties
- Open lines of communication
- Reporting SAP achievements, challenges, noteworthy incidents and ongoing needs in a timely manner
- Commitment to mutual support and flexibility
- Willingness to listen to and learn from each other

RELATIONSHIPS WITH LAW ENFORCEMENT

SAPs are responsible for negotiating and communicating with law enforcement to protect their program operations and their participants. Without proper education, law enforcement officers may target SAPs and their participants. This diminishes the effectiveness of the program and places participants at increased risk of prosecution. If people are targeted and arrested at or near the SAP, participants may lose trust and therefore be less willing to access services. Poor interactions with law enforcement can have a number of negative consequences for participants. Fear of law enforcement may keep IDUs from:

- Visiting the SAP
- Returning used syringes
- Collecting a sufficient number of syringes
- Calling 911 in cases of overdose
- Properly disposing of used syringes
- Practicing safer injection and overdose prevention strategies

A great number of the cases that law enforcement deals with involve drug use on some level. Law enforcement officials are unlikely to have a complete understanding of harm reduction, HIV and HCV transmission, and may also lack information on laws around syringe possession and related public health provisions. Many police officers have fears of accidental needle stick and drug users in general, often expressed in the form of hostility.

Nonetheless, as harm reduction teaches, it is important to meet law enforcement where they're at. It is important to acknowledge the frustration and helplessness that law enforcement officers can experience as a result of the cyclical nature of drug use and their interactions with drug users. Ongoing and persistent education, training and proactive communication are key to building understanding and avoiding problems.

The following recommendations can be adopted to build strong, productive relationships with law enforcement:

- Begin building relationships with law enforcement as soon as possible. Introduce yourself early to police chiefs and captains, meet with community affairs/relations officers, district attorneys and support staff.
- Always prioritize confidentiality and safety of participants when engaging with law enforcement.
- Be respectful and honest when communicating with law enforcement.
- Always provide contact information and make yourself available to address concerns and issues.
- Acknowledge law enforcement's perspective and role on drug issues and emphasize the ways that SAPs support them (i.e. reducing accidental needle stick).
- Ask to speak at shift change roll calls. In many places, there will be a roll call before each new police shift comes on where announcements can be made. This is a perfect opportunity to briefly educate officers about the SAP and its benefits to law enforcement. It also provides law enforcement with a name and contact person to turn to with concerns.
- Negotiate agreements with police to ensure that participants will be safe to come and go from the SAP without fear of arrest, intimidation or harassment.
- Train law enforcement on legal statutes that protect the SAP and its participants. Educate law enforcement about the relevant policies and procedures of the SAP.
- Inform police and other law enforcement about the full range of services provided by the SAP, including referrals to drug treatment, counseling, education about HIV, HCV and other blood-borne viruses, etc.
- Ensure that SAP participants understand their rights regarding syringe possession.
- Offer to provide police with sharps containers, puncture-proof gloves and needlestick information as needed.
- Invite police to serve on SAP advisory boards whenever appropriate.
- Educate IDUs about the importance of proper sharps disposal and teach participants how to inform police that they have syringes prior to being searched.
- Suggest that SAP participants document badge number, location and time if syringes or SAP card are confiscated by a police officer.
- Train staff on how to engage with law enforcement and when it is appropriate and necessary to call law enforcement for assistance or allow law enforcement onsite at the SAP.
- Develop an onsite protocol for encounters with law enforcement that includes information on maintaining participant confidentiality, designated staff to engage with law enforcement, which information the SAP is and is not legally required to share with law enforcement, and any established contacts the SAP has with law enforcement.
- Establish monitoring processes to gather data (wrongful arrests, unlawful confiscation of syringes/SAP cards, increased surveillance of SAP and interactions with participants coming to and from an SAP).

MODULE 5: POPULATION-SPECIFIC CONSIDERATIONS



MODULE 5: POPULATION-SPECIFIC CONSIDERATIONS

The following will outline some population-specific considerations for SAPs. Many of the issues and needs that people have are the same regardless of identity. However, certain communities and sub-cultures are particularly underserved and will have specific needs or may respond better to a particular or tailored approach.

When working with specific populations, the difference is often in the details. For example, prevention and education materials need to be tailored to speak to the population you want to reach. This could be as simple as people “seeing themselves” in the images included in the materials, or it could mean adjusting language to ensure that it will resonate with the target population. In some cases, significant differences will exist in the kinds of injecting messages that will be meaningful to people, based on the drugs that are being injected. For example, for street drugs such as heroin and cocaine, drugs will be mixed and pulled into the syringe from a cooker, while hormones, Botox, silicone or ketamine and other pharmaceutical drugs may be pulled from a vial. It is the SAP’s responsibility to ensure that people identify with the messages and are able to understand them.

YOUTH

Youth may be one of the most severely underserved populations among IDUs. Mainstream social norms make people especially reluctant to acknowledge that young people inject drugs at all. When drug use is recognized among youth, it is most often approached in a manner that is patronizing and fails to validate young people’s experiences, pain, circumstances and choices. Traditionally, access to real information about drugs and drug use is limited and guarded from youth. Instead, “scared straight” campaigns rooted in fear and shame encourage abstinence over practical education, despite the fact that young people always have and always will experiment with and use drugs.

Youth are also at an increased risk for transmission of HCV. Research suggests that 64-75% of injection drug users will become HCV positive within 6 years of initiating injection. While staggering, this figure also suggests a window of opportunity for engaging with young or new injectors to educate them about HCV prevention early. Younger drug users may approach injection with a feeling of invincibility. Further, it is not uncommon for young people who have faced repeated hardships to develop a cynical fatalism early on, and to adopt a perspective that they may not live long enough to worry about the impact of an HCV infection. This fatalism is compounded by the fact that so many young injectors are already infected with HCV, potentially making infection seem inevitable and in some cases, almost like a rite of passage. Without proper education, young people may also learn and adopt unsafe injection habits that may be hard to change later.

Certain approaches to working with youth will be especially meaningful for building strong, trusting relationships. Young people may be struggling to understand their place in the world around them, to develop independence and to define their identity. Respect and honor the autonomy of young people, and engage with authenticity and honesty, especially when talking about drug use. Whether they are experimenting or struggling with more serious addiction, young people are likely to respond best to frank and honest information that supports, but does not impose rigid bottom lines. Active listening is critical; sometimes the most significant thing for a young person is to have a place to talk about their struggles and feelings without judgment. It is important for youth to be cared for, heard, understood and valued. Young people can appreciate when people “keep it real”, which includes pointing out the negative consequences of drug use and the impact of their behaviors on others when done in a sensitive way that does not feel punitive or coercive.

Many young people may be struggling to define or re-define family. They may have had struggles or conflicts with their family of origin, grown up in foster care, or never experienced strong family bonds. Definitions of family subsequently become more fluid, with young people forming strong networks among their peers and other people that they feel are loyal, trustworthy, and willing to accept them. In some cases, young people may “test” SAP workers in ways that challenge these values. Transparency, honesty and respect can go a long way.

Developing youth-specific services may pose certain legal challenges and require a level of sensitivity even beyond regular SAP services. Child protection laws, mandatory reporting and parental rights issues can come into play with younger users and it is important for SAPs to understand any potential legal restrictions while maintaining the highest level of confidentiality and professionalism. Investigate age-specific guidelines about working with youth, such as intake or counseling requirements.

The SAP will also have to decide who is considered “youth”. Programs and services that specifically target youth can face challenges when people age out of eligibility for the program (get too old) or when young peoples’ primary social networks are older and therefore would not be eligible for the same youth-specific services. Finding ways to transition young people to other services provides continuity of care, maintaining and supporting the stability of participants. Unfortunately, younger adults may not yet feel comfortable in programs that serve older adults with different lifestyles or at different stages in their use. Collaborations between youth and adult/multi-age programs can encourage cooperative education and age-appropriate programming.

Other strategies for SAPs working with youth:

- Develop referral networks for youth-sensitive/specific housing assistance.
- Connect youth with health care services that are appropriate for and sensitive to their needs.
- Design culturally appropriate outreach and education materials accessible to youth.
- Choose hours of operation that are manageable and realistic for youth.
- Conduct support groups specific to youth on topics chosen by youth
- Emphasize early and consistent HCV and HIV testing to support prevention and identify new infections early.
- Make showers and laundry services available.
- Consider special services such as access to sterile tattoo and piercing needles.
- Emphasize safer sex messages and education, including birth control.
- Be creative!
- Prioritize confidentiality and safety.
- Acknowledge and validate the diversity and individuality of youth.

SEX WORKERS

Drug use and sex work have a complex relationship. Sex workers face stigma, discrimination, criminalization and violence on many levels and are often among the most marginalized and underserved populations. Engaging in multiple levels of illegal activity, sex workers may be less likely to access services for fear of judgment (from SAP staff or other participants), yet may have an even higher level of need than non-sex working clients. Sex work often entails negotiating relationships with complicated power dynamics that can influence an individual’s level of drug-related risks while drug use may shape how and to what degree sex workers manage their safety and relationships. SAPs have a responsibility to understand the unique needs of sex workers and take steps to meet these needs with compassion and sensitivity.

SAPs should provide training to their staff to help them understand the needs of sex workers, and confront any personal stigma or judgment they may bring with them to the job. Staff should understand that sex work encompasses a range of activities including but not limited to dancing, escort services, stripping and modeling as well as full- and limited-service sex trade.

It is not uncommon for drug users to trade sex for drugs. Given the persistent need for money in order to maintain

a drug habit and difficulties in maintaining traditional jobs (either because of discrimination when their use becomes known or because of difficulty in meeting employer expectations while using drugs), sex work may become one of few perceived economic options. In some cases, “managers” (or pimps) may encourage drug use as a means of control. In still other cases, sex workers may use drugs as a coping mechanism to deal with trauma related to their engagement in sex work or may be encouraged to use drugs by their clients or peers. It is, of course, also important to acknowledge that some people choose sex work and drug use.

Drug users who turn to sex work as a means of supporting their drug use may deal with shame and self-judgment and may not be willing to disclose their actions to others. In addition, the act of engaging in sex work may raise trauma issues from both present experience and past trauma or sexual abuse. Participants may not always be ready or interested in addressing these issues; however having resources and appropriate referrals for mental health and violence will be valuable should they be needed.

Extra discretion and sensitivity is important when providing services to sex workers. SAP participants engaging in sex work may be willing to discuss their needs if they can trust SAP workers to keep this information private. When outreach is being conducted with sex workers, be mindful that participants may be working while conducting syringe transactions; be discreet about any syringe access activities in front of other sex workers, potential clients and managers who may be nearby.

SAPs may need to make special accommodations with regard to hours of operation and outreach schedules in order to best meet the needs of sex workers. Evening, late night and/or early morning hours may be best. IDUs engaging in sex work may also need to conduct more frequent syringe transactions since it may be difficult for them to carry equipment on them. Practically speaking, sex workers may be on their feet or working the streets and not want to carry more than a few condoms and a few personal items with them. In addition, they may be at increased risk for interactions with the police and not want to risk revealing their use to clients or managers. It may be helpful to create small “one-hit kits” for sex workers that include supplies for a single injection (syringe, cooker, cotton, a water vial, a tourniquet and an alcohol swab) and condoms.

In addition to syringe access services, SAPs targeting sex workers should also prioritize safer sex resources and related harm reduction education and materials, such as:

- Male and female condoms
- Lubricant packets
- Dental dams
- Tampons
- Hemorrhoid cream (both for treatment of hemorrhoids and for healing track marks)
- Mouthwash
- Hygiene wipes
- Hard candy (to stimulate saliva production, in addition to palate cleansing)
- HIV and STD information and testing referrals
- Cosmetics, hygiene supplies, cotton underwear, and stockings
- Referrals to nonjudgmental legal resources
- Information on negotiating safer sex
- “Bad date” or “ugly mug” sheets that provide information about clients that may be dangerous or should be avoided for other reasons

Other considerations for SAPs working with sex workers include:

- Educate participants about rotating and minimizing track marks and/or safer injection in hidden injection areas.
- Engage with participants around managing their drug use while they are working in order to prioritize alertness, control and safety.

- Utilize sex working peers in outreach activities, support groups, “ladies nights” and/or other SAP activities. Encourage sex workers to talk with, learn from and support one another.
- Discuss the negative impact of sex workers undercutting each others’ prices as a means of discouraging this behavior and promoting supportive relationships.
- When possible, offer the use of a mirror, toilet, shower, telephone and washer and dryer.
- Support participants to report rapes, assaults and other violence, providing escorts to medical services and police when possible and appropriate.
- Understand local laws pertaining to sex work and prostitution.
- Support participants in reporting abusive law enforcement.
- Collect street sex work-appropriate clothing donations as well as umbrellas.
- When possible, provide foods that are rich in vitamin C (such as tomato soup, citrus and cranberry juices) to prevent bladder infections, bleeding gums and easy bruising.
- If possible, provide workshops and training to help sex workers develop good street skills and self-defense as well as relaxation, meditation and creative visualization.
- Support sex workers interested in leaving the sex industry, as well as those who wish to continue to work in it.

TRANSGENDER PERSONS

Transgender persons – including all individuals who in one way or another do not conform to traditional gender norms associated with their biological sex – are especially vulnerable to harassment, stigma and discrimination at all levels of social engagement. Transgender people are commonly rejected by their families and are routinely denied employment and other opportunities for social resources. This marginalization, along with high incidence of violence toward transgender persons, has serious impacts on mental health, self esteem and stability, often leading to increased rates of poverty, drug use, illicit hormone injection, sex work and HIV.

Discrimination against transgender people extends to traditional social and healthcare services. As a result of repeated insensitivity, transgender people may be reluctant to access these services. SAPs must work to ensure that transgender participants feel safe to access services without fear and with the knowledge that they will be respected and that their needs will be understood by all staff. Training is required to ensure that staff are educated about the diverse experiences of the transgender communities, including the complex intersection of issues on the biological, psychological and social levels. Staff must respect the personal choices of all participants; however privacy and sensitivity may be especially important when working with transgender participants.

Transgender persons are often at higher risk for HIV and HCV transmission on multiple levels. Hormone replacement therapy (HRT) requires routine injections of estrogen or testosterone administered intramuscularly, and can be very costly and is rarely covered by public insurance. This has led to an underground market and the common practice of self-administered hormone injection, which can be risky. In addition to complications related to the unknown quality and purity of hormones not directly obtained from a pharmacy, there can also be significant and serious side effects related to HRT that are best managed under professional supervision.

SAPs should consider the following measures to assist transgender participants engaging in prescribed or underground self-administered HRT:

- Stock 3 cc syringes for intramuscular injection.
- Educate participants about safer muscle injection, HCV and HIV prevention and other risks associated with improper injection.
- Provide comprehensive information about side effects and potential drug interactions with estrogen-based (for male-to-female transgender (MTF) participants) and testosterone-based (for female-to-male transgender (FTM) participants) HRT. Health effects should be addressed at the physiologic and psychological level.
- Work with participants to manage side effects of HRT.
- If possible, develop relationships with doctors, physicians’ assistants and nurses willing to assist with Shot

Clinics – a dedicated time for people of transgender experience who are receiving prescribed HRT to come and have their shots administered or supervised by medical professionals. Shot clinics can also be used to teach people how to administer their own injections, as well as teach family and friends to assist with injections and provide a space for people to discuss any concerns relating to HRT.

- Offer support groups for participants of transgender experience undergoing HRT.

Given the heightened challenges that transgender IDUs may have in accessing traditional sources of employment, sex work presents as a common alternative – especially for MTF transgender people. In addition to having multiple sex partners, MTF transgender persons may be more likely to engage in receptive anal sex, placing them at higher risk for transmission of HIV. Also, some research suggests that issues related to self esteem can lead transgender sex workers to engage in unprotected sex as a means of validating their chosen gender identity. SAPs should prioritize safer sex education and condom distribution. The section above on Sex Workers in this module offers additional suggestions.

Other considerations for SAPs working with transgender participants include:

- Provide gender-neutral bathrooms.
- Be sensitive to name and pronoun changes, as these may be in flux over a period of time.
- Include transgender-specific categories on all forms (enrollment, data collection, etc.).
- Prioritize hiring transgender staff.
- Employ transgender peers to engage in outreach in clubs, on the streets and at other social service agencies.
- Provide training for all staff, volunteers and peers on transgender issues. If possible, organize additional training for law enforcement and collaborating organizations.
- Offer training and workshops on self-care, life skills and job training for transgender participants as needed.
- Create trans-friendly provider directories, including lists of transgender/queer NA and AA meetings and other drug treatment providers.
- Put affirming signs/symbols/pictures in your office or van, to signal that your program is transgender friendly.
- Organize transgender-specific legal workshops for issues related to things like name changes and gender-related bias crimes and discrimination.
- Advocate for changes in policy to protect the rights of people of transgender experience.

APPENDICES



Appendices F - J can be accessed online only at harmreduction.org

APPENDIX A: ADDITIONAL RESOURCES BY TOPIC

Links can be accessed at harmreduction.org

GENERAL RESOURCES

[Guide to starting and managing needle and syringe programmes](#)
WHO/UNAIDS

[Ontario Needle Exchange Programs: Best Practice Recommendations](#)
Carol Strike, Lynne Leonard, Margaret Millson, Susan Anstice, Natasha Berkeley, Emily Medd, Health Canada, March 2006

[Starting and managing needle and syringe programs: a guide for Central and Eastern Europe and the newly independent states of the former Soviet Union](#)
Dave Burrows, International Harm Reduction Development/Open Society Institutes, 2000

[Needle and syringe programmes: providing people who inject drugs with injecting equipment](#)
NHS: National Institute for Health and Clinical Excellence; Public Health Guidance PH18

[Needle and syringe program policy and guidelines for NSW](#)
New South Wales Department of Health, June 2006

EFFICACY AND COST-EFFECTIVENESS OF SYRINGE ACCESS PROGRAMS

[Talking Points: TOP FIVE STUDIES MISUSED BY SYRINGE EXCHANGE OPPONENTS](#)
Drug Policy Alliance

[Government Studies in Support of Needle Exchange](#)
Health GAP

[Syringe Exchange Research Update 2008](#)
Daniel Raymond, August 2008

[NIMBY localism and national inequitable exclusion alliances: The case of syringe exchange programs in the United States](#)
Barbara Tempalski, Risa Friedman, Marie Keem, Hannah Cooper, Samuel R. Friedman

[The Spread of Drug Related AIDS and Hepatitis C among African Americans and Latinos](#)
Dawn Day

[Syringe access for the prevention of blood borne infections among injection drug users](#)
Sharon Stancliff

[Can Difficult-to-Reuse Syringes Reduce the Spread of HIV Among Injection Drug Users?](#)

By Caulkins, Kaplan, Lurie, O'Connor, Ahn

[Cost-effectiveness of Syringe Exchange Programs](#)

Health GAP

[Syringe Exchange: An Effective Tool in the Fight Against HIV](#)

GMHC: Gay Men's Health Crisis, 2009

HARM REDUCTION

[Harm Reduction Coalition](#)

[Harm Reduction Protocol: As practiced by the Chicago Recovery Alliance; June 1996](#)

and
[Substance Use Management: A Harm Reduction-Principled Approach to Assisting the Relief of Drug-Related Problems](#)

and
[Background and Protocol for Harm Reduction Practice](#)

Chicago Recovery Alliance

DRUG USER INVOLVEMENT

[“Nothing about us without us”: Greater, meaningful involvement of people who use illegal drugs: A public health, ethical, and human rights imperative, International edition](#)

and
[“Nothing About Us Without Us”—A Manifesto by People Who Use Illegal Drugs](#)
2008 Canadian HIV/AIDS Legal Network, International HIV/AIDS Alliance,
Open Society Institute

NEEDS ASSESSMENT

[Rapid Assessment and Response Guide on Injection Drug Use](#)

The World Health Organization

[Implementation of Rural Syringe Exchange: From Zero to Funded](#)

Shari Weiss, B.A. SUNY Cortland, Capstone Project

Chapter 2: Assessing Community Needs and Framing Issues

[Community Health Advocacy](#), By, Sana Loue; Linda S Lloyd; Daniel O'Shea

New York : Kluwer Academic/Plenum Publishers, 2003

[Needs Assessment of Harm Reduction and Health Care Services for Substance Misusers Across Wales](#)

Josie Smith , HPR Ltd, National Public Health Service for Wales

LEGAL STRATEGIES

[The Laws, State by State: The Project on Harm Reduction in the Health Care System](#)

Temple University's Beasley School of Law

[Syringe Access Law in the United States: A State of the Art Assessment of Law and Policy](#)

Scott Burris, Stephanie A. Strathdee and John S. Vernick, Center for Law and the Public's Health at Johns Hopkins and Georgetown Universities, Johns Hopkins Bloomberg School of Public Health, November 30, 2002

[The legal strategies used in operating syringe exchange programs in the United States.](#)

S Burris, D Finucane, H Gallagher, and J Grace; American Journal of Public Health. August 1996; 86(8 Pt 1): 1161-1166.

[United States and the Politics of Syringe Exchange](#)

Daniel Raymond, Erica Poellot and Allan Clear

[State and Local Policies Regarding IDUs' Access to Sterile Syringes](#)

December 2005

FUNDING ISSUES

[Harm Reduction Coalition Newsletter](#)

January 2008, Volume 1, Number 1

SAP Potential Funders:

[Broadway Cares/Equity Fights AIDS](#)

[Comer Foundation](#)

[Drug Policy Alliance](#)

[Elizabeth Taylor AIDS Foundation \(ETAF\)](#)

[MAC AIDS](#)

[North American Syringe Exchange Network \(NASEN\)](#)

[Syringe Access Fund of the Tides Foundation](#)

[United Way](#)

[National AIDS Fund](#)

PROGRAM MODELS

[SEP Delivery Models](#)

HRC Fact Sheet

Downing, Moher, Riess, Thomas H., Vernon, Karen et al., [“What’s community got to do with it? Implementation Models of Syringe Exchange Programs”](#), AIDS Education Prevention, 2005 February; 17 (1): 68-78.

R. N. Bluthenthal et al., [“Higher Syringe Coverage Is Associated with Lower Odds of HIV Risk and Does Not Increase Unsafe Syringe Disposal Among Syringe Exchange Program Clients”](#), Drug and Alcohol Dependence [Epub Feb 3], 2007

POLICIES AND PROCEDURES

These resources have been borrowed from the HRC website. HRC would like to thank and acknowledge the programs that were so generous in contributing their materials.

[Drop-in Center Policy and Procedure Manual](#) For a decade and a half after its inception in the early-nineties, the Drop-In Center in Santa Cruz, CA was a model program. A collaborative project of the Santa Cruz Needle Exchange and the Santa Cruz AIDS Project, the DIC was well known for its innovative programs. The DIC produced project manuals, culturally-targeted IDU materials & literature, and a “DIC/Needle Exchange: How-To Guide” that were widely disseminated. These tools were replicated by Syringe Exchange and IDU Outreach programs statewide, nationally, and internationally.

[Brandywine Consulting, Inc.](#) Needle Exchange Handbook for Staff and Volunteers Brandywine Consulting is a drug treatment program based in Delaware that recently incorporated a syringe exchange program as part of its services. Its manual draws on many of the best practices from older more established syringe exchange programs across the country such as Prevention Point Philadelphia, Chicago Recovery Alliance and Baltimore City Needle Exchange.

[Lifepoint Guidelines and Operating Procedures Manual](#) Lifepoint is a program in Wisconsin. Its manual has some great information on outreach, program evaluation, how to contribute to the current body of research around syringe exchange, current legislation in the state, and refers people to where they can learn more about harm reduction. It also includes great job descriptions.

[Lower East Side Harm Reduction Center \(LESHRC\) Syringe Exchange Policy and Procedure Manual](#): This manual complements the Policy and Procedures Manual and focuses on the necessary protocols to run the Syringe Exchange Program. It includes training of staff, security, community relations, enrollment distribution, safe disposal, HIV prevention education, etc.

[Prevention Point Philadelphia Staff and Volunteer Handbook](#): This handbook outlines the essential information needed to operate the exchange such as hours of operation, safety protocols, background/history of organization, harm reduction and HIV/AIDS as well as safe injecting tips and internet resources to local agencies.

[Washington Heights Corner Project Policy and Procedure Manual](#): The Washington Heights Corner Project is a fairly new program based in NYC. Given its geography in NYC, its manual is similar to the Lower East Side Harm Reduction Center Syringe Exchange Manual.

[New York State Department of Health AIDS Institute Policies and Procedures: Syringe Exchange Programs](#)
January 2009

STAFFING

[Guide for Assisting Management of Volunteers in Harm Reduction Practice](#)
[Harm Reduction Outreach with Syringe Exchange - Guidelines and Operating Procedures](#)
Chicago Recovery Alliance

SAFER INJECTION AND OTHER INJECTING EQUIPMENT

[Getting Off Right: A Safety Manual For Injection Drug Users](#)
To order copies, click here.
Harm Reduction Coalition

Chicago Recovery Alliance
[Positive Change Postcard Series](#)

DISPOSAL OPTIONS

[Community Options for Safe Needle Disposal](#)
Environmental Protection Agency

[SafeNeedleDisposal.org](#)
Coalition for Safe Community Needle Disposal

- Provides a listing of nearby safe disposal sites throughout the United States

OVERDOSE PREVENTION

[OVERDOSE Prevention and Response A Guide for People Who Use Drugs and Harm Reduction Staff in Eastern Europe and Central Asia](#)

Matt Curtis and Lydia Guterman, 2009

[Key summary of six US-based naloxone distribution programs](#)

Traci C. Green et al, Yale University

Chicago Recovery Alliance:

[OD Intervention Card -- Using Naloxone](#)

[OD Intervention Poster -- Using Naloxone](#)

[Opiate OD Prevention/Intervention Training -- Slideshow](#)

[Opiate OD Prevention/Intervention Training -- Pre/Post Test](#)

[Injection Partner OD Checklist](#)

[Forms for Opiate Overdose Prevention Work](#)

EVALUATION

[AIDS Director Planning Guide And Toolkit: Key Elements of Managing a State HIV/AIDS Program](#)

NASTAD Member Services, September 2009 Edition.

COLLABORATION

[TOOLKIT: Integrated, Collaborative or Merged Prevention and Care Planning Processes](#)

National Alliance of State and Territorial AIDS Directors (NASTAD), May 2007.

[NASTAD Fact Sheet: Health Departments Role in Expanding Syringe Access](#)

National Alliance of State and Territorial AIDS Directors (NASTAD), 2010

WORKING WITH THE MEDIA

[Needle Exchange Program Communication & Information Toolkit](#)

The Ontario Harm Reduction Distribution Program developed this communications strategy to engage and support the broad network of Needle Exchange Programs and affiliated Harm Reduction organizations.

[Dealing with the National Media](#)

2007 National Conference on Injecting Drug Use presentation, “Experience from Australia”. A very brief overview including: “When and why should you use the media?” and the “5 Golden Rules” for print, radio, and television interviews.

DELAWARE PROJECT TOOLKIT: PREVENTION & MONITORING

WORKING WITH LAW ENFORCEMENT

[American Civil Liberties Union \(ACLU\) - Delaware, Police/Harm Reduction Project Toolkit](#)

[Law Enforcement and Harm Reduction Network](#)

[Policing for Healthy Communities](#)

[Just Cause Law Collective](#)

[Syringe Possession Information for California Law Enforcement Officers](#)
[Downloadable handbills/wallet cards](#)

[New Mexico Syringe Exchange Program - Law Enforcement Training](#)

[New York Police Academy Training](#)
Injection Drug Users Health Alliance, November 2004

[Prevention Point Philadelphia](#)

[COPS HR: Coalition of Police Supporting Harm Reduction](#)

[Do Not Cross: Policing and HIV Risk Faced by People Who Use Drugs](#)
Canadian HIV/AIDS Legal Network - March, 2007

[Needle Exchange Program: Considerations for Criminal Justice](#)
Center for Innovative Public Policies

[Attitudes of Police Officers Towards Syringe Access, Occupational Needle-Sticks, and Drug Use: A Qualitative Study of One City Police Department in the United States](#)

Leo Beletsky, MPH, Grace E Mascalino, Ph.D., Scott Burris, JD.

[Law Enforcement and Harm Reduction: Advocacy and Action Manual](#)

[Relationships of deterrence and law enforcement to drug-related harm among drug injectors in U.S. metropolitan areas](#)

Samuel R. Friedman, Hannah L.F. Cooper, Barbara Tempalski, Maria Keem, Risa Friedman, Peter L. Flom and Don C. Des Jarlais

[Law Enforcement and Harm Reduction](#)
amfAR

YOUTH

[Youth R.I.S.E.](#)

[A Youth-Led Perspective: Best Practices for Youth Harm Reduction Programming](#)

[DanceSafe](#)

[Youth Advocacy Statement on Harm Reduction and Human Rights](#)

SEX WORK

[Sex Workers Outreach Project \(SWOP\)](#)

[Desiree Alliance](#)

[BAYSWAN](#)

[Best Practices Policy Project](#)

[The Sex Workers Project](#)

TRANSGENDER ISSUES

[Minnesota Transgender Health Coalition](#)

[TransYouth.com](#)

[Transgender Care](#)

[Transgender Health Empowerment](#)

[Transsexual Road Map: Facts About Silicone Injection](#)

[Sylvia Rivera Law Project](#)

[National LGBT Tobacco Network](#)

[National Coalition for LGBT Health](#)

[SAGE – Services & Advocacy for GLBT Elders](#)

[Intersex Society of North America](#)

[NALGAP – Association of LGBT Addiction Professionals & Their Allies](#)

APPENDIX B: LEGAL APPROACHES

APPROVAL/AUTHORIZATION

In some cases, state legislation exists (or is sought) that explicitly authorizes syringe exchange/access programs – often as exemptions to existing and functioning paraphernalia laws. If well-crafted, this may be the most desirable form of legal sanction, as it means that a state or local legislative body considers syringe access to be a priority and approval of the SAP has been written into law. In some of these cases, any other appropriate legal barriers have also been addressed. Often, however, new legislation may codify unreasonable restrictions that otherwise may have been left open to a more generous interpretation. For example, while the SAP is able to operate with legal sanction, regulations on the possession of syringes may remain in place that could impact SAP participants. Or in some states, authorization is also required on a county and city level, which may create more barriers to actual implementation.

Authorization in some localities have been achieved when health departments – in an effort to meet a public health need – use their authority to issue waivers of paraphernalia laws to SAPs. In these cases, SAPs must comply with the terms of the waiver, which may impose strict program requirements. Waivers may also be issued on a pilot basis until program effectiveness can be demonstrated. Waivers may dictate location of the SAP, either by city or county, or with greater specificity wherein specific conditions are placed on SAP location (for example, 500 feet from any school, etc). Other criteria that may be included in legal waivers include the implementation of ancillary services at the SAP (such as referrals to drug treatment, etc), syringe distribution limits and/or documentation and evaluation components.

Legal authorization offers several obvious benefits, foremost of which is being able to operate without fear or threat of arrest or prosecution of program staff and volunteers from the police or other law enforcement. In addition, an approved SAP will have more opportunities to engage in outreach and open collaboration with other local organizations, such as AIDS service organizations and drug treatment programs. Authorized programs can apply for funding from government and private sources of funding, and may have an easier time securing resources in general. All of these factors may increase program sustainability in the long run.

Unless broad legislation exists that protects the right to provide syringe access, there can also be drawbacks to operating programs with legal waivers or other authorization schemes. Authorization may limit program autonomy, and be coupled with very strict requirements with regards to operating policies and procedures, sometimes in a manner that can undermine program effectiveness. Legal waivers may place caps on the number of syringes that may be distributed, and/or impose strict one-for-one limitations on the program. In addition, strict reporting requirements and/or bureaucratic red tape may occupy staff time and should be figured into resource assessments. Further, once programs begin operating aboveground, they run the risk of becoming the target of local community opposition, even despite legal sanction. Of course, any of these drawbacks must be also considered in relation to the many benefits of legal authorization.

DECLARATORY JUDGMENTS

Another approach to accessing legal protection for program operation is to seek a “declaratory judgment”. Declaratory judgments ask the court to preemptively rule on an action or issue, before arrest or other legal action has been taken. For example, some states have asked the courts to rule in favor of syringe access, thus granting permission to conduct programs out of public health necessity. In cases where the court approves the SAP, an

important precedent can be set. However, in some states, declaratory judgments have ruled against syringe access programs, imposing increased barriers to eventual program implementation. Remain mindful of the political climate and build a strong and organized case if this route seems to be the most appropriate.

RESEARCH EXEMPTION

Some programs have claimed a research exemption in order to pave the way for syringe access. Local or state laws may include language that exempts participants engaging in scientific research from drug paraphernalia laws. By establishing the SAP as part of a research study – perhaps in collaboration with a university, school of public health or other scientific institution – programs have been able to justify their program. It is important to educate local law enforcement about the exemption and to get them on board to the greatest extent possible.

While this strategy has been successful for some programs, it can complicate sustainability should the exemption be challenged.

PUBLIC HEALTH EMERGENCY

It is possible for city or county health departments to declare a public health emergency that will effectively suspend pre-existing paraphernalia legislation. This will make it possible for SAPs to operate with approval of the local government and the benefits coupled with this, including operating without fear of prosecution and potential funding from government sources.

States of emergency will remain in effect until the emergency is declared over. It is likely that emergency status will have to be renewed with some regularity. This could pose a threat to program sustainability. In theory, the existence of the SAP will work to effectively reduce the spread of infectious disease, which could in turn threaten the legal basis for the program. For this reason, in cases where a state of emergency is in place, it is best to simultaneously engage in ongoing advocacy changes to legislation that may stifle ongoing program operation should the emergency status end.

UNDERGROUND

Underground SAPs operate without explicit permission or sanction to provide syringes and despite existing paraphernalia laws in the jurisdiction. Historically, underground programs have often served as a precursor to legal entities. These programs often operate with a very small budget, if any. Activities are usually conducted by volunteer activists, working on the imperative that they can not afford to stand by while drug users may be at risk for transmitting HIV, HCV and other infectious diseases while a simple solution exists. Underground programs may depend on donations of funding, syringes and other supplies to function. Perhaps most importantly, workers conducting underground syringe access risk arrest and prosecution with each and every syringe transaction they make.

There are numerous underground programs currently operating in the US and many well-established and authorized programs started underground. Although underground programs operate outside of the law, they may be tolerated by local law enforcement to some degree. Local authorities may be proponents of the program, recognizing the public health need and benefit. Law enforcement may feel that prosecution would not be a valuable and productive use of resources. However, sudden changes in the political climate and/or community opposition could easily threaten a program and any level of tolerance experienced.

Although they are extralegal, underground SAPs may still be able to secure funding for ancillary services from local and state health departments. Nonetheless, full collaboration with local community-based organizations (CBOs) and AIDS-service organizations (ASOs), as well as health departments may be difficult and can have an impact on outreach and getting the word out about available services.

Underground programs may also face challenges with staffing. Since these programs are usually made up of small groups of volunteers, a stable and steady workforce may be difficult to sustain. In addition, if the program lacks structure or leadership, variations in personality and program goals can lead to conflict and program management issues. Generally, working with deficient resources can be challenging for individuals and the SAP as a larger entity.

Despite the many challenges faced by underground programs, some may find operating without the bureaucratic requirements of regulators liberating. Underground programs are likely to exist with greater autonomy than regulated programs (for example, caps (or limits) on syringe distribution quantities and/or required one-for-one exchange) and will not face the same reporting and procedural requirements.

APPENDIX C: RESPONDING TO COMMON CONCERNS TO NEEDS-BASED SYRINGE DISTRIBUTION POLICIES

CONCERN:

Distribution will increase the number of syringes in the community without removing used syringes from circulation.

RESPONSE:

- Emphasize disposal options and education campaigns that are available at the SAP.
- Explain that participants will still be encouraged to return used syringes, and emphasize that if a participant does not have enough syringes to return, they are at much higher risk to become infected with HCV or HIV, which has an impact on community health. The better we are able to prevent the ongoing transmission of HIV and HCV, the fewer contaminated syringes there will be in the community.
- One research study found that after investigating syringe return rates in three US cities – Oakland, Chicago and Hartford – that returns were highest (nearly 90%) in the city with the most liberal policy (Chicago) and lowest (only 50%) in the city with the most restrictive policy (Hartford).
- Create a system wherein community members can report any improperly discarded syringes to the SAP, and someone will retrieve the syringes for proper disposal.
- Conduct needle clean-ups in the community on a regular basis, and/or as necessary.
- Emphasize that the SAP is a community intervention, and that the program as a whole is invested in, and cares about the health of the entire community – drug users and non-drug users alike.
- Explain the many reasons why people may not be able to return used equipment in such a way that will meet their ongoing injection needs, and connect this to ongoing risk for infectious disease transmission.

CONCERN:

By providing more syringes, people will use more drugs.

RESPONSE:

- Cite scientific research concluding that SAPs do not increase levels of drug use, and instead result in increased referrals and linkages to drug treatment.
- Pragmatically emphasize HCV and HIV infection rates in the community as evidence that people will and are using drugs currently, and with an insufficient quantity of sterile injection equipment.
- Create a system for making and tracking referrals to local treatment centers and methadone programs.
- Appeal to allies in local drug treatment and throughout the community to back your efforts in support of a wide range of responses to drug use issues in the community.

CONCERN:

Needs-based distribution will encourage non-injectors to transition to injection.

RESPONSE:

- There is no evidence that SAPs increase injection initiation.
- Cite research showing that HCV incidence rates are higher among newer injectors. On average, upwards of 60% of injection drug users will test HCV antibody positive within the first 7 years of injection.
- Emphasize that if a person has decided to inject, there are benefits to being connected to services early on, whether to learn proper injection techniques and avoid infection, overdose, etc., but also for treatment referrals if/when the person is ready

CONCERN:

People may obtain more syringes with the intention of selling them.

RESPONSE:

- While it is true that some people may obtain sterile syringes as a means of selling them, it is unlikely that this will prove to be a viable source of income, especially if the SAP is providing enough free supplies to meet IDU needs.
- People are less likely to purchase syringes on the street if they are able to get them for free from the exchange.
- Even if they are being sold on the street, sterile syringes are still getting into the hands of the people who need them.

APPENDIX D: ESTIMATING NECESSARY SYRINGE AND SUPPLY QUANTITIES

Excerpted from [Guide To Starting And Managing Needle And Syringe Programmes](#) WHO/UNAIDS

STOCK ORDERS, STORAGE AND DISPOSAL

It may be difficult to estimate how many needles and syringes will be needed in the first year owing to unknown factors. Unknowns may include the time needed to establish the location of the programme, recruit staff and satisfy the regulatory requirements of city authorities and police; the time needed to contact and recruit injecting drug users to the service (this varies widely from place to place); and seasonal variations in demand for injecting equipment.

To arrive at a figure, the results of a rapid assessment and response survey (RAR) can be used to estimate the target number of injecting drug users to be reached on a regular basis (at least monthly) by the 12th month of the project: a useful rule-of-thumb is that 10% should be reached in this way by this time. This means that, in a city with 10,000 injecting drug users, the NSP should be accessed by at least 1000 on a regular basis by the end of its first year. If the NSP is to be effective in changing behaviours, each of these regular clients should be receiving at least three needles and syringes per week (or an average of 3000 needles and syringes per week). The estimation process for an NSP in the above situation would therefore look something like:

Months 1-3 (set-up phase):	0 per week: 0
Months 4-6 (initiation phase):	500 per week average x 13 weeks: 6500
Months 7-9:	1500 per week average x 13 weeks: 19,500
Months 10-12:	2500 per week on average x 13 weeks ¹ : 32,500
Annual estimate (first year):	58,500

It should be noted that these calculations, though based on the experience of setting up NSPs in many countries, are not applicable for every situation. For example, in districts with fewer than 1000 injecting drug users, some programmes have been able to gain access to 40% or more of drug injectors by month 12. Also, the figure of three needles and syringes per regular client per week is not optimal. Many guides and government strategies on needle and syringe provision state that the target is to provide every injecting drug user with sterile injecting equipment for every injection. This is to be applauded but even the largest NSP systems in the world have not yet been able to attain this goal. As well, keep in mind that this calculation process is only for the first year. Over time, many more injecting drug users should be reached on a regular basis and the number of needles and syringes distributed per client should increase.

¹While the NSP should be providing at least 3000 needles and syringes per week under this model by month 12, it is still building towards that figure in months 10 and 11: hence the lower average across the three months of 2500 needles and syringes per week.

APPENDIX E: OVERDOSE PROTOCOLS

The following are suggestions for inclusion in OD Protocols, followed by sample protocols developed by SAPs:

1) Call 911

- a. Calling 911 is important to ensure the safety of both the person who is ODing and, in the long run, the program.
- b. The person responsible for calling 911 should do so from a quiet place so as not to raise safety concerns among telephone dispatchers. It is unnecessary to provide personal information about the person ODing to the 911 operator. Simply explain that someone has stopped breathing and that immediate assistance is needed.
- c. One staff person should be designated to liaise with paramedics and/or law enforcement when they arrive.

2) At least 1-2 people should be designated to respond to the person who is experiencing the OD

- a. Try to alert and/or awake the person by calling their name and/or rubbing their sternum bone.
- b. Determine if the person is breathing and whether their heart is beating.
- c. Ensure that their airway is clear.
- d. Put them in rescue position.
- e. If naloxone is available, it should be used even in cases when the exact cause of the OD is unknown.
- f. If the person has stopped breathing, rescue breathing is necessary even in cases when naloxone has been administered. People may need to take turns depending on how long it takes for the person to wake up/ EMS to arrive.
- g. If possible, ask friends or partners if they know what drugs the person has taken and how. This information may be helpful in assessing the total situation, however is only anecdotal at best. It is more important to assess if the person is breathing and whether the person is beating and to respond to the physical symptoms.

3) Someone will need to attend to other participants visiting the program.

- a. Clearing the space is generally a good idea in order to ease responsibility for supervising other participants and to secure the space.
- b. Ask anyone who came with the person experiencing the OD if they know about the drugs the person may have taken.
- c. Sometimes one or two people who came with/know the person who is experiencing the OD may be allowed to stay.

4) If the person who has ODeD regains consciousness before emergency services arrives, notify them about specifically what has happened, including whether naloxone was used, and/or 911 has been called.

5) Other participants should be notified when 911 is called and that police may be coming to the program.

6) Provide an opportunity to de-brief with staff as well as participants, if need be, after the incident in order to process the experience. Remember that drug users may have experienced and/or witnessed overdose before and a reoccurrence could raise trauma issues.

7) Document the incident in its entirety for monitoring and evaluation purposes.

SAMPLE DOCUMENT:

HOPE HOUSE POLICY AND PROCEDURE

SUBJECT: EMERGENCY NARCAN [NALOXONE] ADMINISTRATION BY RN OR LVN

DATE: DECEMBER 1, 2009

POLICY: To administer Narcan [by a Registered Nurse or Licensed Vocational Nurse] to Hope House residents who purposely or accidentally overdose, or request reversal, of opioid substances or opioid substrates.

PURPOSE:

It is the intention of this policy to cover Narcan administration ONLY if one of two set of circumstances present regardless of resident code status.

1. A resident verbally states to having self-administered an oral, subcutaneous, intramuscular or intravenous dose of an opioid substance or derivative and is requesting medical intervention to reverse the opioid effect[s];
2. An RN or LVN's clinical assessment and nursing conclusion is that the resident is suffering the effect[s] of an opioid substance, derivative, or similar substrate, detrimental to the resident's state of well-being, despite obvious and non-obvious, substance route of administration.

Immediately, upon either [a] resident request; or [b] RN, LVN's clinical assessment; a complete set of all five [temperature, pulse, respirations, oxygen saturation, pain level] vital signs is taken and documented every ten minutes, until the transporting emergency service assumes responsibility of the resident's care.

4. Prior to, simultaneous with, immediate vital signs:

Immediately, upon either the resident's request or the clinician's assessment:

a. The Emergency Medical System is activated, that is, 911 is called and an emergency ambulance is requested PRIOR TO ADMINISTRATION OF NARCAN,

b. Simultaneously: First Aid, CPR and rescue breathing are commenced immediately, if required.

Under circumstances one and two [listed above]:

Narcan is only administered with the implicit intent to immediately send the resident to the nearest hospital emergency room [via urgent emergency ambulance] for immediate medical assessment and follow up medical treatment.

In the absence of RN, LVN on site at Hope House:

In either circumstance: resident states, or certified nursing assistant suspects an overdose of an opioid substance or substrate; Hope House nursing assistant will immediately activate the EMS system [and call 911] for urgent ambulance transport to a hospital emergency room for immediate medical assessment and treatment and initiate all First Aide and CPR measures. At no time is the resident left unattended during initiation of EMS system.

Either simultaneously with activation of EMS, or immediately after, the on call nurse is notified.

The administration of Narcan policy covers:

ONLY administration of Narcan [0.4mg] with ONE repeat dosing of the resident, totaling two doses of 0.4mgs, that is, 0.8mg.

Upon return of the resident to Hope House:

A full set of vitals is taken every four hours for twenty-four hours or until an RN or LVN nursing assessment is documented in writing, after clinical review by the nurse [on site at Hope] or within the computerized CODI clinical progress note, that the resident's condition is stable and the resident is not under the influence of ANY non-medical substance or substrate.

SAMPLE DOCUMENT

FRIENDLY NEIGHBORHOOD HEALTH CENTER POLICY AND PROCEDURE

DIRECTOR:

POLICY DATE: 5/11/09

MEDICAL DIRECTOR:

REVISED:

CLINIC MANAGER:

DEPARTMENT:

SUBJECT: OPIATE OVERDOSE PREVENTION

POLICY AND PURPOSE: To prevent fatal drug overdose from opiates at FNHC

GENERAL: The population of FNRC includes many opiate users who use intravenously and orally and whom often combine opiates with other substances, a great risk for a potential overdose. Whenever a community member is suspected of overdosing, city emergency services are called. However, there are many interventions to assist during a potential opiate OD that both licensed and unlicensed staff can do while waiting for emergency services to arrive.

PURPOSE: Prevent and intervene during opiate overdoses at FNRC.

PROCEDURE:

- 1) Staff in the drop-in services area should continuously monitor community members that appear to be sleeping by checking on them and making sure they are safe.
- 2) If a community member is unresponsive and/or unconscious, try to wake them by calling their name. If they do not respond, try waking them with a pain stimulus by pinching their ear or rubbing their sternum. Check breathing; if they are not breathing and are unresponsive immediately call CODE BLUE with a location of the emergency on the internal pager as described by MNRC Emergencies Protocol.
- 3) Following the CODE BLUE, call 911. Communicate to dispatch: "the person is not breathing, they are unconscious and they are turning blue."
- 4) If medical staff is onsite, they will attend to the community member. If there is no medical staff, any staff member who has received DOPE (Drug Overdose Prevention Education) training can attend to the patient. Rescue breathing, giving the victim one breath every 5 seconds. If medical staff is onsite, oxygen can also be administered through an Ambu Bag (artificial breathing).
- 5) While rescue breathing is happening staff can be assessing for additional signs of an opiate overdose:
 - a. Pupils may be contracted and appear small

- b. Track marks from injections
- c. Face is pale or clammy
- d. Vomiting or frothing at the mouth
- e. Fingernails and lips may appear blue
- f. Pulse is slow, erratic
- g. Choking sounds or gurgling noises

6) If a pulse is present, and the person remains unconscious and other signs of overdose have been determined, trained staff can administer Narcan to the unresponsive community member. If a pulse is not present, staff will use the AED machine and initiate CPR. See CPR policies and procedures.

7) Staff will use the Narcan stored in the AED box or Narcan from the clinic emergency bag. Draw up a full vial of .4mg (1cc) Narcan with the syringe supplied with the Narcan (1inch needle). Administer Narcan in the victim's shoulder muscle, outer thigh muscle, or upper and outer quadrant of the buttocks. Clothing does not need to be removed to administer this injection.

8) Continue rescue breathing.

9) If emergency services have still not arrived, continue rescue breathing. If community member is still unresponsive and has a pulse wait between _ a minute to 3 minutes before administering a second dose of .4mg of Narcan. If patient no longer has a pulse, apply AED machine and initiate CPR. See CPR policy and procedure.

10) If patient begins breathing on their own, place patient in recovery position and observe breathing and pulse till paramedics arrives. If the patient is not breathing on their own, continue rescue breathing until paramedics arrive.

_____ Director

_____ Date:



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