LIFEPONT

Outreach & Syringe Exchange Program

Guidelines and Operating Procedures

February 2005
The Program

Lifepoint is a harm reduction program that attempts to prevent the spread of the Human Immunodeficiency Virus and Hepatitis C Virus (HIV/HCV) among injection drug users and their partners. The program operates through roving and mobile sites where staff exchange used needles for clean ones. Other services include HIV counseling, HIV testing, substance abuse and disease prevention information, referrals to social services programs and Hepatitis C testing, and distribution of bleach, safer sex kits, and other health information.

Staff also frequently work to encourage injection drug users to enter treatment. ARCW’s Dennis C. Hill Center in Milwaukee provides injection drug users treatment based on the harm reduction model.

Lifepoint began in 1994 in Milwaukee as a harm reduction program of ARCW and has grown to provide services in 11 cities throughout ARCW’s AIDS service jurisdiction.

Harm Reduction

“Harm Reduction focuses on reducing the harms related to drug use rather than eliminating drug use itself. Harm Reduction aims to: prevent the spread of infections including HIV/AIDS, Hepatitis and other blood-borne infections; reduce the risk of overdose and other drug-related fatalities; and lessen the negative effects drug use may have on individuals and communities including poverty and crime.

Harm Reduction approaches drug use from a realistic and pragmatic public health perspective and focus on feasible goals. Further, by preventing the spread of blood-borne infection among IDUs, Harm Reduction helps to prevent the spread of HIV/HCV among the entire population.”

Adapted from the Harm Reduction Coalition’s website.

Why Harm Reduction?

The evidence collected worldwide, to date, about HIV/HCV harm reduction outreach with syringe exchange shows the following:

- Most injection drug users are not in treatment;
- Reaching these women and men is crucial to reducing the sexual and injection risks HIV/HCV poses for them, their partners, and their children;
• Operating a harm reduction outreach program with syringe exchange attracts injecting drug users to risk reduction, increases referral to treatment, and results in less HIV/HCV transmission;
• Syringe exchange programs significantly decrease the amount of discarded syringes in a community; and
• Syringe exchange programs have never been shown to increase drug use or cause other harm.

**Target Population**

The target populations are injection drug users (IDUs) not in treatment, IDUs on waiting lists for treatment, and IDUs experiencing relapse (may be currently enrolled in treatment). Specialized outreach, recruitment, referral, and supportive services will be provided to IDUs who are young injectors, communities of color, new injectors, women, and the homeless.

“We must be the change we wish to see.”

**The Outreach Principles**

• The outreach will always be user-friendly and community-sensitive: soliciting and incorporating feedback from communities served by the outreach;
• Working toward health and wellness for an individual is making any positive change (as they define it for themselves);
• Respectful operation of the outreach includes being non-condemning and non-confrontational while stressing personal responsibility in harm reduction;
• Harm reducing HIV/HCV prevention messages will always be constructive and geared to the needs and interests of the person using our services (e.g. "Doing it like this can reduce harm in this way" vs. "Don't do this...");
• Women and men injecting drugs are the experts in reducing their own risks;
• The outreach will be as safe as possible to the women and men working the outreach and to communities served;
• Getting as much contaminated drug injection equipment off the street as possible and replacing it with clean drug injection equipment is part of all effective syringe exchange programs;
Program Goals
The goals of our harm reduction outreach with syringe exchange are:
- Increased proportions of safer injections and safer sexual encounters;
- Increased knowledge about risks of HIV/HCV infection to injectors, their sexual partners, and their children;
- Reduced discarded drug injection equipment in communities served;
- Increased availability of materials for reduced risk sexual behavior;
- Increased discussion about, referral to, and enrollment in drug treatment, healthcare, etc.;
- Reduced levels of harm from all drug use to the person using drugs, their sexual partners, their children, and those in their community; and
- Increased knowledge of this program's effectiveness as a harm reduction opportunity in Wisconsin.

The result of this effort will be reduction in risks for transmitting HIV/HCV and reduction in harms from alcohol and other drug use in general.

Program Outcomes
Outcomes as a result of participation in the Lifepoint program relate to IDU changes in knowledge, skills, attitudes, values, behavior, condition, or status. ARCW has identified Initial, Intermediate, and Long-term outcomes for IDUs who participate in the Lifepoint Program.

Initial Outcomes: IDUs receive information on drug use and HIV/HCV prevention and the hazards of using contaminated needles.

Initial Outcome Indicators:
- The number and type of encounters between prevention staff and injection drug users, their spouses, and partners;
- Referrals made by prevention specialist;
- The number of safer sex materials and written materials distributed;
- The number of Lifepoint participants accessing HIV and Hepatitis C counseling and testing.

Intermediate Outcome: IDUs become knowledgeable of the importance of using clean needles for HIV/HCV prevention and the inherent problems with sharing needles.
Intermediate Outcome Indicators:

- The type and amount of sterile injection equipment distributed;
- The percentage of Lifepoint participants who demonstrates a reduction in the following HIV/HCV risk behaviors:
  - Sharing needles
  - Sharing injection equipment (water, cotton, cookers)
  - Using a new needle for every drug injection
  - Disinfecting needles before every drug injection if no new needles are available.
  - Multiple sex partners
  - Unprotected sex

Long-Term Outcome: IDUs complete treatment at the Dennis C. Hill Harm Reduction Center or other provider.

Long-Term Outcome Indicators:

- The number of participants who complete treatment
- The percentage of participants who decrease / manage their drug use.

Range of Services

The team is skilled in the areas of substance abuse assessment and referral. The encounter may be brief until a trusting relationship has been established. Some encounters may last just minutes; others may last 45 minutes or more, depending upon the receptivity and needs of the client. The Needle Exchange Program (NEP) is part of a comprehensive program to reduce HIV/HCV infection among IDUs in Wisconsin. While the needle exchange program has the simple, straightforward mission to distribute clean needles and supplies to IDUs, the encounter is a unique opportunity to serve as a link to alcohol and drug treatment, primary health care, TB/STD services, mental healthcare, HIV/HCV programs, and other community services. Services will be provided free of charge.
Harm reduction outreach does the following:

- Provides materials for and discussion about reducing sexual and injection risks of HIV/HCV infection, including safer sex and safer injection kits;
- Exchanges used barrels and/or detachable needles for sterile syringes on a two-for-one basis for the first five and on a one-for-one basis thereafter;
- Provides discussion about and voluntary and anonymous referral to treatment of alcohol and other drug use, medical care, and other risk reduction services of a person's choosing;
- Provides both voluntary and anonymous HIV and HCV testing
- Accesses and builds relationships between drug users and outreach workers; and
- Offers those served with an additional avenue for positive change.

**Link to Treatment, Link to Care**

It is anticipated that Lifepoint will become a link to substance abuse treatment for a number of individuals who are addicted to substances. The interactions between staff of ARCW’s Lifepoint program and the clients will often result in referrals to alcohol and drug abuse treatment, HIV/HCV counseling and testing, and primary care sites. Early intervention for HIV/HCV through counseling and testing programs and alcohol and drug abuse treatment programs is the most effective way to reduce the potential for infection (or the spread of infection). The Lifepoint intervention involves elements of reducing HIV/HCV transmission by decreasing the number of injections that involve contaminated equipment and actively linking drug injectors to HIV/HCV and drug treatment services.

Accessing the publicly funded alcohol and drug treatment system can be confusing. Available slots change on a day-to-day basis. The team will work closely with the **Intervention Specialist** and their local resources in terms of referrals, placement, priority admissions, and identification of available slots. Clients will receive referrals to the publicly funded substance abuse system. Clients who do not wish treatment may continue to receive needles. An additional attempt to recruit them into treatment may occur at a later date. Because of the challenges that substance users face, there will be no limit as to the number of times an individual may utilize the program.

The team will also work with the network of HIV/HCV and primary care providers. They will triage and assess the needs of the client and provide an effective link to the appropriate level of care, be it HIV anonymous or confidential testing or primary health care services.
“Meeting Them Where They’re At”
Our sites for harm reduction outreach with syringe exchange will be selected with as much community input as possible. The sites will be stable. That is, once selected, with maximum community input and thought, the sites and times of our operation will remain consistent. This consistency in site and time is essential to reaching and earning the support of injection drug users. Other outreach efforts have found that even moving an operation around the corner loses as many as half of participants. In addition, because word of mouth is the primary means of advertising, consistency facilitates accuracy of shared messages. Site selection with community input is extremely important because the costs of moving the site are so high with respect to lost users and failed confidence.

The Team and What They Do
All women and men working the needle exchange and outreach need to challenge themselves to consider the personal impact of this work. If anyone on the exchange is not first and foremost taking good care of themselves, they will be unlikely to care adequately for the people we reach. All women and men working the program should honestly challenge themselves to be aware of their own mental and physical health and communicate openly with their fellow staff.

Additionally, everyone working the outreach must meet or adhere to the following:

- Exchange and provide outreach at all sites and process your reaction to this work with the Coordinator
- Demonstrate competence in understanding and applying the material within this “Guidelines and Operating Procedures” as evaluated by the Coordinator of the site you primarily work.
- Be able to communicate well with co-workers and adequately perform all functions while working the outreach.
- Have no signs or smells of intoxication.
- Observe that all activity must be respectful of all community members at all times - "We are in their house".
- Meet 15 minutes prior to leaving for the first site and plan roles and immediately after the day to share feedback.
- Support all other workers of the exchange while working with them.
- Do not touch used syringes or needles - always ask someone to pickup or otherwise touch their own syringes or needles. Bandage open cuts, wash hands after the outreach and know emergency post-exposure protocol. (See OSHA Exposure Protocols, found at the end of this manual)
• Consider the utility of HBV vaccination for themselves.
• Take responsibility for working out any interpersonal conflicts in order to keep principles above personalities.
• Be responsible for taking care of themselves sufficiently in order to not negatively influence the operation of the outreach.
• Have a yearly TB screening done on the employment anniversary date.

**Job Descriptions**

**Needle Exchange Specialist**

- Greets person coming to the outreach and inquires about their interests in coming. (e.g. "What can we help you with? or "Do you want to know what we do here?")
- Listens to the individual. They know their situation best and knows what their needs are.
- Determines if they are familiar with the options of assistance with positive change that Lifepoint offers on the site. Informs person of options.
- Directs person only interested in safer sex discussion and materials to Outreach Worker. If the Outreach worker is preoccupied or not available the Needle Exchange Specialist will engage the individual in a safer sex discussion concluding in the distribution of safer sex materials.
- Engages persons interested in safer injection and sex discussions and offers clean needle exchange services.
- Determines total number of syringe barrels and/or detachable needles dropped into the sharps container.
- Fills out exchanger data information for every exchanger.
- Determines the total number of syringes to be given in return. We give two syringes for every one turned in for the first five in order to assist people work toward "one shot-one sterile syringe" and also assist others with this goal.
- Offers clean water, cottons, cookers, alcohol pads, site sheets - Lifepoint believes exchangers knows their own needs. Ask them how many they are helping today and accommodate appropriately. Our limits are defined by the needs for materials by subsequent exchangers.
- Offers information and discussion on the use of any of the materials offered or other means of reducing harm from injection if time allows, or
- Refers interested people to appropriate Lifepoint services, including; HIV & Hepatitis C screening, Safer sex materials, AODA treatment, housing, health care, etc.
- Finally, Thank them for utilizing our services and for helping others stay healthy.
Outreach Specialist
- Respectfully engages person, informs them of the range of topics/options for positive change available on-site and determines their interests in accessing any of these options.
- Asks person utilizing outreach if they are interested in any safer injection or safer sex materials or the latest information regarding safer injection and/or safer sex. The goal here is to let the person know we are capable and interested in discussing safer injection/sex in a respectful and collaborative fashion. Listens carefully for referral opportunity.
- Offers clean water, cottons, cookers, alcohol pads, site sheets. Our limits are defined by the needs for materials by subsequent injectors.
- Offers lubed and unlubricated condoms and lubricant as appropriate. Our limits are defined by the needs for materials by subsequent sexual risk reduction contacts.
- Offers printed information and discussion on use of any of the materials offered or other means of reducing sexual risks of HIV/HCV infection and other STDs.
- If the individual is interested in discussing their risk behaviors, encourage them to make behavior change commitments and help them fill out a Change Commitment form. Pick a time when you can meet with the individual at a later date and follow up with their process.

Needle Exchange Specialist & Outreach Specialist
The Needle Exchange Specialist and Outreach Specialist are responsible for following the schedule posted for the week. If there is some reason that the schedule cannot be followed as posted it is the responsibility of the Needle Exchange Specialist and the Outreach Specialist to contact their supervisor to obtain a revised schedule. They also share the responsibility for getting the van to the site and bringing sufficient supplies for outreach work. The team should leave the office at least 15 minutes prior to start.

IDU Coordinator
- Recruits, schedules, and supports all other site workers. Provides feedback to volunteers about their job performance and works to improve same if indicated.
- Facilitates assignment of jobs for outreach operation. Takes responsibility for assuring that each person is capable of performing the work of their position onsite.
- Oversees flow and activity of operation.
- May perform any of the jobs above as well, if appropriate.
- Actively solicits feedback from people using the outreach including how
people think the operation is working and ideas for improvement.

- Reports problems with full outreach operations directly to Associate Director of Prevention Services.

**Observers**
The Lifepoint intends to cooperate with public authorities and interested observers, including the press, to facilitate understanding of the organization and its objectives. Past experience dictates a preference for pre-planned and pre-approved contact in order to prevent people from avoiding our Lifepoint services. Cameras are best used at the very end of the outreach and with everyone's permission.

**Volunteers**
Volunteers are crucial to the success of the Lifepoint program and have a specific purpose in the harm reduction process.

- Assist the Outreach Specialist by providing outreach services at and around the Lifepoint site.
- Assist the Needle Exchange Specialist by providing assistance with exchanges: preparing supplies and materials, documenting the exchange, and engaging the consumer in risk reduction dialog.

All volunteers must have completed the proper volunteer documentation, have previously been screened for TB and have had the proper OSHA and Outreach training before they are able to volunteer on site.

**AODA Intervention Specialist**
The Intervention Specialist is responsible for providing direct services in the Milwaukee area to persons engaging in high risk behaviors. The staff will assist outreach and needle exchange staff in facilitating outreach accessing services such as AODA treatment, methadone, shelter, needle exchange and other services deemed necessary. The staff will also:

- Conduct one-on-one educational sessions with contacts made with drug users through street outreach.
- Assess outreach contact needs and make the appropriate referrals to agencies equipped to meet the need.
- Assist in transporting outreach contacts and facilitate their accessing services.

**Operational Guidelines**

**Required Pre and Post Sites**
An office pre-operation meeting at least 15 minutes prior to the leaving to the
first site will include the following:

- meeting and assessment of the team;
- airing any personal or professional concerns about the operation;
- assignment and clarification of site jobs; and
- arrangement of supplies, including fueling the vans prior to leaving.

*Bring in condoms at the end of each day and needles in when the temperature could reach below 0 degrees Fahrenheit.*

A weekly feedback session in office with the IDU Coordinator will include the following:

- Filling out the End of Day Data Sheet numbers together;
- Noting any delights or difficulties of the week’s operation;
- Processing feedback received regarding any aspect of our operation;
- Sharing personal and professional feedback among team members;
- Giving all data forms to the Coordinator.
- Returning all leftover supplies to the appropriate storage facilities; and
- Delivering used syringes to appropriate disposal or storage site.

**PROCEDURES FOR SYRINGE COLLECTION AND DISPOSAL**

**Syringe Collection:**

Throughout all Lifepoint operations at no time are syringes to be touched. The people bringing syringes in to exchange are responsible for placing them directly into our puncture-proof sharps container. If a syringe falls on the ground or otherwise does not make it into the sharps container Lifepoint personnel will ask the person who brought it in to place it in the sharps container. Tongs will be available to assist anyone in reducing their contacts with the syringes. Be cautious about syringes brought in plastic bags. Require the exchanger to carefully place entire bag in the biohazard container. Exchangers should also be encouraged to bring used, rinsed syringes in a solid plastic container and dispose of the package in its entirety.

When a sharps container is full to the line indicated on its side it should be closed with the attached lid and put in a safe, out-of-the-way place. It is not reopened or reused after this point and it proceeds directly to disposal (as outlined below).

*These procedures are more stringent than the Blood Borne Pathogens Standards as promulgated by the Occupational Safety and Health Administration (OSHA) for health care settings.*

**Syringe Disposal:**

Full sharps containers are taken to its appropriate location in the ARCW building, immediately upon arriving to the office and placed inside a red, appropri-
ately labeled plastic bag which rests inside an appropriately labeled cardboard box. When the box is full, the plastic bag is closed over the sharps containers and the box is sealed. The sealed containers of sharps boxes are then picked up by Waste Management. They issue ARCW a manifest for the boxes they pick up and they transport them to an incinerator. When the boxes are destroyed ARCW receives a manifest indicating their destruction from Waste Management which we keep on file. All syringes we collect are destroyed in this manner.

This procedure is in keeping with Wisconsin EPA law.

Accidental Needle Sticks
While it is policy for volunteers or staff to not touch used or potentially used syringes at anytime during the operation of the outreach, an accidental needle stick may result. If anyone is stuck by a needle and the skin is broken the following actions should immediately be taken:

1) Encourage bleeding through the wound caused by the needle. Bleeding through the fresh wound may help cleanse the wound and avoid infections.
2) Wash the wound with soap and water ASAP.
3) Immediately call Health Services Reception at 414.223.6800 and they will find/page the Doctor or Nurse Practitioner on duty and inform them of what happened. They will advise you of the current CDC protocol for post exposure treatments for needle sticks and guide you to these treatments, if indicated.
4) Call your supervisor and notify him/her of the incident.
5) Collect the syringe that stuck you, if possible without additional stick risk, for testing.
6) If possible request that the exchanger be tested for HIV and HCV, either in the van or at ARCW.
7) Complete an Incident Report and a Sharps Injury Survey and turn them into your supervisor. (Copies of each form can be found in the index)

*Please refer the ARCW’s Exposure Control Plan for more in-depth information.

Research
The ARCW considers research on the impact and efficacy of its operations to be an ongoing and essential part of providing services. We want to take every opportunity within our resources to determine whether what we are doing is valuable, in what ways, and what we can do to improve upon our work.
Current and projected research will hopefully include at a minimum:

- analysis of data gathered by on-site surveys for longitudinal evaluation of harm reduction behavior changes;
- analysis of demographic information regarding program use and users;
- analysis of harm reduction material data;
- analysis of hospital admission data regarding injection-related abscesses, endocarditis, and hepatitis B for zip codes primarily served;
- analysis of crime and ethnographic findings correlated to the programs.
- research in diverse cultures/communities in order to gauge differential effects of harm reduction outreach with syringe exchange;
- expanding ethnographic research on the impact of harm reduction outreach with syringe exchange in communities served.

**Closing Down the Operation**
The harm reduction outreach with syringe exchange will be closed down if the safety or integrity of the operation or the community it serves is threatened. The decision to shut down operations early is ideally made as a team but the Coordinator needs to be informed as soon as safely possible.

Such threats may include:

- Physical threats or harassment against workers, exchangers or other community members.
- Any other situation severe enough the outreach team feels shutting down the exchange would serve their own or another's safety.

The purpose of closing the operation down early is to establish Lifepoint’s boundaries for conduct needed to safely and effectively deliver promised services and conduct research on the efficacy of those services. Ultimately, we believe the communities served will control the recurrence of any disturbance to the extent they value our services. Explaining these limits up front to exchangers is essential if difficulties are expected.

**Restrictions**

- All women and men using our services will remain anonymous except as they freely agree to giving identifying information in assistance with referral expediting.
- Based on Wisconsin state law, we will not provide condoms to children under 13 years of age.
- No Lifepoint worker will lend money or accept gifts during hours of operation.
- No Lifepoint worker will threaten or harm any community member.
• Each Lifepoint outreach worker must be 18 years old or older to be on-site.
• No changes to the schedule will be made without prior approval by the Coordinator.
• For the safety of the staff no one will wear flashy jewelry, carry large amounts of money and will dress appropriately.
• For Lifepoint participant confidentiality, please refrain from having friends or family visit sites.

Procedure for Addressing Infractions of these Guidelines/Procedures
Any infraction or violation of these policies or procedures should be reported to IDU Program Coordinator and may be addressed by the Prevention management.

Referrals
Referrals are a key element to the success of the Lifepoint program. Each worker is trained in a variety of local resources available to injection drug users and their families. Please refer to the Referral section in the index for an in-depth listing of local resources.

Current Legislation Regarding Needle Exchange and Paraphernalia*
In 1989 the Wisconsin state legislature deregulated the Paraphernalia Law to exclude possession of any amount of syringes; thus making it legal for Pharmacies to sell syringes and Syringe Exchange Programs to work publicly.

It is a felony in Wisconsin to have possession of trace amounts of illegal drugs, which makes it very important that Lifepoint participants rinse out their syringes prior to bringing them to the vans for exchange.

It is also clearly legal, in Wisconsin, for the retail sale of at least some number of syringes to an IDU, knowing of the intended use.

The bottom line is that in Wisconsin, free distribution of syringes are not restricted by state law.

*Adapted from "Lethal Injection: The Law, Science and Politics of Syringe Access for Injection Drug Users" published by the Center for Law and the Public’s Health at Johns Hopkins and Georgetown Universities in May 2004.

Learn More about This Topic
Visit websites of the Harm Reduction Coalition, Centers for Disease Control and Prevention and the Academy for Educational Development.
Current Van Schedule to be recorded on the phones and posted on the web

Determination of the initial target areas will be based on substance abuse data, community support, and the latest seroprevalence information.
Harm Reduction / Prevention Messages

Education and outreach workers should stress the following messages when they talk to IDUs:

- The best way for you to prevent HIV, HBV, and HCV transmission is to NOT inject drugs.
- Entering substance abuse treatment can help you reduce or stop injecting. This will lower your chances of infection.
- Get vaccinated against hepatitis A and hepatitis B. You can prevent these kinds of viral hepatitis if you get vaccinated.
- If you cannot or will not stop injecting, you can:
  - Use a new, sterile syringe obtained from a reliable source to prepare and divide drugs for each injection.
  - Avoid reuse or sharing syringes, water, cookers, or cottons.
  - Use sterile water to prepare drugs each time, or at least clean water from a reliable source.
  - Keep everything as clean as possible when injecting.
- If you can’t use a new, sterile syringe and clean equipment each time, then disinfecting with bleach may be better than doing nothing at all:
  - Fill the syringe with clean water and shake or tap.
  - Squirt out the water and throw it away. Repeat until you don’t see any blood in the syringe.
  - Completely fill the syringe with fresh, full-strength household bleach.
  - Keep it in the syringe for 30 seconds or more.
  - Squirt it out and throw the bleach away.
  - Fill the syringe with clean water and shake or tap.
  - Squirt out the water and throw it away.
- If you don’t have any bleach, use clean water to vigorously flush out the syringe:
  - Fill the syringe with water and shake or tap it.
  - Squirt out the water and throw it away.
  - Do this several times.
Bleach has Advantages and Disadvantages as a Disinfectant

Advantages:

- It can reduce the amount of infectious HIV, HBV, and HCV in a used syringe.
- It is readily available.
- It is inexpensive.

Disadvantages:

- IDUs, outreach workers, and policymakers may mistakenly believe that disinfecting with bleach is as safe as using a new, sterile syringe.
- It does not sterilize the syringe, so the syringe may still carry infectious organisms after disinfection.
- Studies have not shown that bleach disinfection prevents HIV or HCV transmission among IDUs.
- If a person carries small bottles of bleach, police may assume he or she is a drug user.
- Sunlight, warm temperatures, and exposure to air gradually weaken bleach so that it doesn’t work anymore; IDUs have to be sure to use fresh, full-strength bleach.
- It damages the syringe.

Disinfection should be used ONLY when an IDU has no safe options for preventing transmission.
The AIDS Resource Center of Wisconsin

Statement of Agreement
I acknowledge that I have reviewed the latest copy of "Harm Reduction Outreach With Syringe Exchange: Guidelines and Operating Procedures" and agree to follow the guidelines and procedures as described in all my work with - Lifepoint.

Signature ______________________________ Name ______________________________

Address: ______________________________ Phone: ______________________________

Date ________________ IDU Program Coordinator ______________________________
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