

The Chicago Recovery Alliance

Individuals Working On Recovery → Any Positive Change

Harm Reduction Outreach with Syringe Exchange

**Guidelines and Operating
Procedures**

I. Philosophy

Background

The evidence collected worldwide, to date, about HIV 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 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 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.

Principles

- The outreach will always be user friendly and community-sensitive: soliciting and incorporating feedback from communities served by the outreach;
- Working toward recovery 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 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;

- Research on the effectiveness and impact of our harm reduction outreach work must be ongoing and must direct our efforts; and
- We are committed to discovering and implementing effective HIV harm reduction and other recovery techniques.

II. Activities and Goals

Cultivating Community Education and Support

Making a strong connection in communities served is a major activity prior to and during our harm reduction outreach efforts. CRA makes every attempt to incorporate feedback from communities served into our programs. We accomplish this by seeking out and meeting with women and men injecting drugs, other community members and businesses, churches, and other community organizations. In these meetings we provide information on:

- Who and what is the Chicago Recovery Alliance;
- Evidence gathered, to date, about HIV harm reduction with syringe exchange in Chicago, nationally and internationally;
- Our plans or activities for harm reduction outreach with syringe exchange; and
- Any other topic related to the integration of drug use, addiction, recovery and HIV disease.

The Outreach

Based on our own experiences and lessons learned world-wide, our harm-reduction outreach does the following:

- Provides materials for and discussion about reducing sexual and injection risks of HIV infection;
- 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 problems, medical care, and other risk reduction services of a person's choosing;
- Conducts research regarding the effectiveness of our services to determine harm reduction utilization, demographics, and harm histories;
- Accesses and builds relationships between drug users and outreach workers; and

- Offers those served with an additional avenue for positive change.

The Goals of Our Efforts

More traditional sources of support for injection drug users are often restricted by laws, regulations, funding restrictions, limitations in services and other obstacles. The Chicago Recovery Alliance seeks to maintain its independence and thus provide the most effective responses to the HIV pandemic possible within our resources. Additionally, we do not want to duplicate existing services.

At present, we have chosen harm reduction outreach with syringe exchange as a direct service activity because no one in Chicago is currently doing it and there is a large and growing body of evidence regarding its efficacy. We believe harm reduction outreach is a crucial part of an effective comprehensive plan to fight the HIV pandemic among injection drug users. 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 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 Chicago.

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

III. Site

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.

IV. Staffing and Operation

All women and men working the 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 determine if their work is part of recovery for them.

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

- Observe one or more sites of outreach in operation and process your reaction to this work with the Site Organizer(s)
- Demonstrate competence in understanding and applying the material within this "Guidelines and Operating Procedures" as evaluated by the Site Organizer 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 outstanding warrants or 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 before the exchange to plan roles and immediately after the exchange to share feedback.
- Support all other workers of the exchange while working with them.
- 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.
- Consider the utility of HBV vaccination for themselves.

- Take responsibility for working out any inter-personal 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.

Site Job Descriptions

Greeter/Engager/Flow Director

- 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?")
- Determines if they are familiar with the options of assistance with positive change that CRA offers on the site. Informs person of options.
- Directs person only interested in safer sex discussion and materials to Safer Sex/Injection/Referral Collaborator.
- Directs person interested in safer injection and sex discussion and materials to Injection Risk Reduction Equipment Distributor.
- If person is exchanging syringe(s) than inquires if they have a CRA Participant Card. If not, they offer to make them one and do so with the appropriate research form. Once is taken care of then directs the person to the syringe counter.

Syringe Counter

- Greets person exchanging syringe(s). Determines if they are familiar with the options of assistance with positive change that CRA offers on the site.
- Determines total number of syringe barrels and/or detachable needles dropped into the sharps container. Note: A barrel with a detachable needle (a breakdown) counts as two and users should be informed of this to assure proper credit in exchange.
- Fills out research information for every exchanger. This information varies from time to time depending on the research being conducted.
- Tells Injection Risk Reduction Equipment Distributor 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. Those with sufficient syringes went from 15% to 85% in a 1993-1994 pilot with this exchange scheme.

Injection Risk Reduction Equipment (IRRE) Distributor

- Gives exchanger appropriate number of sterile syringes.
- Offers clean water, cottons, cookers, alcohol pads, site sheets - CRA believes exchangers knows their own needs. 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 Safer Sex/Injection/Referral Collaborator.

Safer Sex/Injection/Referral Collaborator

- 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 - CRA believes exchangers knows their own needs. Our limits are defined by the needs for materials by subsequent injectors.
- Offers lubed and unlubricated condoms, lubricant, and plastic wrap 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 infection and other STDs.

Site Organizer

- Recruits, schedules, and supports all other site workers. Provides feedback to volunteers about their job performance and works to improve same if indicated.
- Takes responsibility for getting van to site and bringing sufficient supplies for outreach work. Van should be at site at least 15 minutes prior to start.
- Facilitates assignment of jobs for outreach operation. Takes responsibility for assuring that each person is capable of performing the work of their position on-site.
- Oversees flow and activity of operation.

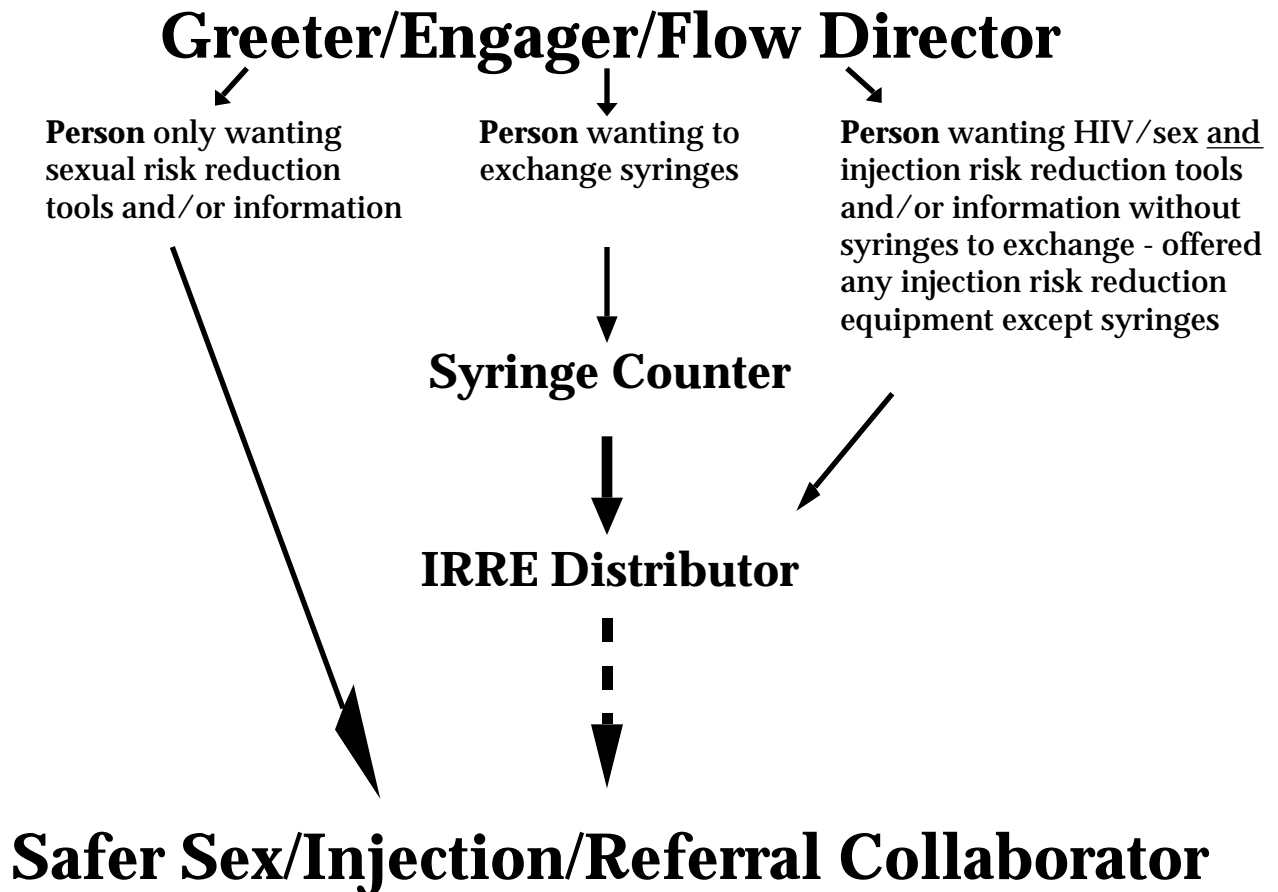
- May perform any of the jobs above as well, if appropriate.
- Administers \$10/site/week for volunteer support for snack, drink or other assistance - must get receipts. All receipts must circle place and date of purchase and total amount paid (no tax will be paid - use tax-exempt letter).
- Recruits Community Advisory Group for quarterly formal meetings on site operations.
- 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 CRA's Director of Harm Reduction.

Interviewer/Ethnographer

*** CRA's research may include an on-site interviewer or ethnographer from time to time. Such activity should be cleared with the Site Organizer .**

- Informs the Site Organizer of their work and collaborates with the Site Organizer as to how they should integrate into the activity on-site.
- Treats all people coming to the outreach respectfully and anonymously. Must completely inform all persons they come in contact with of the research they are conducting and completely answer any questions posed of them.
- Thanks the persons contacted for their time and expertise.

On-Site Operations Proceed According to the Following Flow:



Site Organizer coordinates, supervises and assists all positions - Each site will customize this process to conform to culture of site.

Observers

The CRA 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 contact in order to prevent people from avoiding our harm reduction services. Camera's are best used at the very end of the outreach and with everyone's permission.

Operational Guidelines

Required Pre and Post Meetings

An on-site pre-operation meeting at least 15 minutes prior to the exchange 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.

An on-site post-operation feedback session immediately after the closing will include the following:

- Filling out the End of Day Data Sheet numbers together;
- Noting any delights or difficulties of the day's operation;
- Processing feedback received regarding any aspect of our operation;
- Sharing personal and professional feedback among team members;
- Giving all research forms to the person who will bring them to the appropriate place;
- 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 CRA 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 CRA personnel will ask the person who brought it in to place it in the sharps container. Photo tongs will be available to assist anyone in reducing their contacts with the syringes.

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 immediately placed inside a red, appropriately labeled plastic bag which rests inside an appropriately labeled cardboard box (see your local EPA regulations to learn of labeling requirements) . When the box is full, the plastic bag is closed over the sharps containers and the box is sealed. Alternatively, two 18 gallon sharps containers can be placed in a 55 gallon hazardous waste drum supplied by Waste Management.

The sealed containers of sharps boxes are then picked up by Waste Management. They issue CRA a manifest for the boxes they pick up and they transport them to an incinerator. When the boxes are destroyed CRA 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 Illinois 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 be immediately taken:

- 1) Encourage bleeding through the wound caused by the needle. Bleeding through the fresh wound may help cleanse the wound and avoid infections. Wash the wound with soap and water ASAP.
- 2) Immediately page Caroline Teter at 312-349-1634 and inform her of what happened. Caroline will advise you of the current CDC protocol for post-exposure treatments for needle sticks and guide you to these treatments, if indicated. If Caroline is not available page Dan at 312-797-2223.
- 3) Collect the syringe that stuck you, if possible without additional stick risk, for testing.

Research

The CRA 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;
- testing syringes exchanged for blood type(s), HIV antibody, and other pathogens; and
- 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 Site Organizer will make the final call if the team is divided.

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 CRA'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 Illinois state law, we will not provide condoms to children under 12 years of age.
- No CRA worker will lend money or accept gifts during hours of operation.

- No CRA worker will threaten or harm any community member.
- Each CRA outreach worker must be 12 years old or older to be on-site.

Procedure for Addressing Infractions of these Guidelines/Procedures

Any infraction or violation of these policies or procedures should be reported to CRA's Director of Harm Reduction and may be addressed by the CRA Board.

The Chicago Recovery Alliance

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 The Chicago Recovery Alliance.

Signature _____

Name _____

Address: _____

Phone: _____

Date _____

Primary Site Organizer _____