North Dakota Department of Health Syringe Exchange Program Guidance

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North Dakota Department of Health
HIV • STD • TB
VIRAL HEPATITIS PROGRAM

NORTH DAKOTA
DEPARTMENT of HEALTH

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This document was created by utilizing the following documents as sources of information:

Indiana State Department of Health: Syringe Exchange Program Guidance for Local Health Departments.

https://www.in.gov/isdh/files/ISDH%20SEP%20Guidance%20Version%202%200%20FINAL%20-%2010-04-2016-EC.pdf

Kentucky Harm Reduction and Syringe Exchange Program (HRSEP): Guidelines for Local Health Departments Implementing Needle Exchange Programs

http://chfs.ky.gov/NR/rdonlyres/E7FBC3DC-E365-4CD8-93BF-FA797052303A/0/HRSEPGuidelinesLongVersionFINAL.pdf

Utah Syringe Exchange Program Handbook

http://health.utah.gov/epi/prevention/syringeexchange/UTSEP_Handbook.pdf

Harm Reduction Coalition: Guide to Developing and Managing Syringe Access Programs

http://harmreduction.org/wp-content/uploads/2011/12/SAP.pdf

NASTAD/UCHAPS: Syringe Services Program (SSP) Development Implementation Guidelines for State and Local Health Departments

http://www.uchaps.org/assets/NASTAD-UCHAPS-SSPGuidelines-8-2012.pdf

For more information and questions on this guidance, please contact:

HIV.STD.TB.Viral Hepatitis Program

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Introduction

Syringe exchange programs (SEP), also known as syringe access (SAP), syringe service program (SSP) or needle exchange (NEP) programs, are a harm reduction intervention that have been in existence since the late 1980s and have been scientifically proven to reduce transmission of human immunodeficiency virus (HIV), hepatitis B and C, and other blood-borne pathogens in people who inject (PWI). The primary objectives of SEPs are to:

- Provide a clean syringe for each injection instance to reduce the potential for transmission of HIV, hepatitis B and C, and other blood-borne pathogens.
- Provide an entry point for substance abuse treatment and care and other resources as appropriate to the individual.

There are a number of considerations that communities should examine as they consider establishing an SEP. As each community is different, each SEP should reflect the needs of the community while taking into account local culture and resources. This guidance provides a starting point for communities seeking information about SEPs or considering this intervention for their own community as well as the requirements for authorization by NDDoH.

North Dakota Legislation

Syringe Access Programs became legal in the state of North Dakota for communities who are deemed at risk for increases of HIV and viral hepatitis infections due to people in that community who inject and are sharing injection equipment with the passage of Senate Bill (SB) 2320 during the 2017 Legislative Session.

SB 2320 created and enacted a new subsection to section 19-03.4-02 and a new section to chapter 23-01-44 of the North Dakota Century Code (NDCC), relating to drug paraphernalia guidelines and a syringe exchange program. This new subsection created and enacted an addition that provides clarification to the court and law enforcement about determining whether an object is drug paraphernalia. The subsection adds “whether the object is a needle or syringe collected during the operation of a needle exchange program under chapter 23–01-44 to aid in the prevention of bloodborne diseases” to the list of considerations. This addition grants the consideration to law enforcement on whether or not to subject needles collected under an exchange as drug paraphernalia. By working with local law enforcement, SEPs can legally collect injection equipment without the risk of penalty of possessing drug paraphernalia.

The second addition to the NDCC adds a new section to chapter 23-01-44 that authorizes or legitimizes SEPs in North Dakota given appropriate authorization as a qualified entity. The addition also clarifies that the North Dakota Department of Health (NDDoH) will be the final authorizing agency to request or deny a local entity or organization the authority to operate an SEP and will perform ongoing assessment of the programs for adherence to requirements of the statue. This document will serve as guidance to entities for the required components of an SEP program that must be considered for NDDoH to authorize the program.

One provision to the law is that no state general funds are to be used to purchase injecting equipment, which includes needles, syringes and other equipment for the process of injecting. However, if available, state general funds can support the development, implementation, and/or evaluation of SEP.

The full text version of SB 2320 can be found here: http://www.legis.nd.gov/assembly/65-2017/documents/17-0986-03000.pdf

Authorization Requirements

The legislation passed that allows for legal SEPs to occur in North Dakota set out key requirements that are required for entities to comply with prior to operationalizing their exchanges. One of those requirements is that SEPs must be authorized to operate by the NDDoH. SEPs must follow the enrollment information below to be considered for authorization.

Authorization

Each entity must submit a detailed plan to the NDDoH, Division of Disease Control and must have that plan approved prior to operationalizing. The plan should follow the template guidance which can be found in ***Requirements and Guidance for Drafting SEP Plan.*** This is to ensure that entities have thought of and developed a comprehensive program that is able to meet the requirements of the law. The NDDoH also requires annual recertification of the program to continue operations. Failure to comply with required reporting could result in the termination of the authorization by NDDoH.

Applications can be emailed to NDDOH, Division of Disease Control, HIV Prevention Program at disease@nd.gov. NDDoH will confirm the receipt of the application within 24 hours of receiving it. If a receipt confirmation is not received, please call 701.328.2378 to follow-up. Agencies will receive the final determination of authorization or need for more information within 10 business days. The NDDoH will provide each entity with a letter of certification that includes additional details on required reporting deadlines and the timeline for recertification.

If an entity chooses to terminate syringe exchange operations, written notice must be sent to the disease@nd.gov mailbox within 2 weeks of discontinuation of services.

Reporting Requirements

NDCC requires that authorizing entities report semi-annually (every 6 months) to the NDDoH on the usage of the SEP as well as other information on referrals and outcomes. Reporting is due by January 15 and July 15 each year for the previous six month time period. Reports must be sent to disease@nd.gov.

Information to be reported semi-annually includes:

- Number of unique participants served during the time period
    - Non-identifying demographic information of participants (age, gender, race, ethnicity, county of residence, substances used, etc.) if collected
- Approximate number of syringes collected
- Number of syringes distributed
- Number of individuals offered or referred to services for:
    - HIV, STD and Viral Hepatitis Testing
    - Addiction Treatment Services
- Number of doses of naloxone distributed
- Number of condoms distributed

The required semi-annual report form can be found at www.ndhealth.gov/hiv/SEP.

These reports should be submitted no later than July 15 for the time period January 1-June 30 and January 15 for the time period July 1-December 31.

NDDoH has developed a template that entities can use to collect this information systematically. This form is not required, however could be modified for local use. This form can be downloaded from the NDDoH website at www.ndhealth.gov/hiv/SEP.

Reauthorization

To retain authorization, entities must recertify annually. Your agencies recertification date will be included in your authorization letter. It is the responsibility of the entity to submit the necessary documents on time to maintain authorization. Guidance on what is to be submitted will be released at a later date at www.ndhealth.gov/hiv/sep.

Requirements for Developing a SEP Plan

The following is intended to be instructions for organizations applying for approval to operate SEP in North Dakota. This guidance is provided by the NDDoH to ensure that programs that are approved have made arrangements for all the considerations necessary to operate an SEP. This plan will need to be submitted to the NDDoH, Division of Disease Control. Plans will be reviewed and either accepted, accepted upon conditions of revision or denied. Entities who are accepted will be required to perform ongoing assessments for reauthorization.

Determination of Qualified Entity

Agency Information

Describe the agency and the jurisdiction that is proposed to be served. Also include the name for the primary contact(s) for the SEP with email, phone and other contact information.

Type of Entity:

- ☐ Local Health Department
- ☐ City Government (program operational within the boundary of the city only)
- ☐ Organization with approval from city or county officials

Letters of Support

Organizations that are not Local Health Departments or City Governments must provide letters of support from local officials for the operation of the SEP within a defined boundary.

- ☐ City/County Government
- ☐ Law Enforcement Entities

Medical Supervisor Identified for SEP

The SEP must be developed and maintained under the supervision of pharmacist, physician or advance practice registered nurse who is licensed in the state to provide oversight and consultation to the program.

Public Hearing

Qualified entities must conduct a public hearing regarding public sentiment around SEP programs in the area to be served and submit a report of the findings addressed to the state health officer.

- ☐ Public Hearing Notices
- ☐ Report detailing findings addressed to the State Health Officer

Implementation & Evaluation Plan Guidance

Programs must provide a plan for implementation and evaluation of the SEP they are requesting to operate. The following are components that must be addressed in the plan to be considered by the NDDoH.

Determination of Need

Qualified entities must provide evidence that the area in which they are requesting to serve is experiencing an increase or at risk of an increase of viral hepatitis or HIV. Data from a community needs assessment should be included in the determination of need. Narratives about the previous and current efforts that have been taken to control and prevent transmission of HIV or viral hepatitis to date should also be included. Include information on the success or failure of these programs and how an SEP can enhance these efforts.

Implementation Plan

The implementation plan describes how the program will operate within the community.

The specific population that the SEP will serve.

Describe the demographics that the SEP will aim to serve and if the scope is limited to individuals of a single race, gender or other identifier why that is essential to the mission of the SEP versus serving all individuals in a community.

The source of funding for the SEP.

Describe how the program will be funded. Federal and state laws prohibit the use of state general funds and federal dollars for purchasing syringes, needles and other products specifically used to inject drugs. State general fund and federal funds are able to be used to provide other services related to SEP including, but not limited to: disposal services, staff, disease education and testing, etc.

The location(s) of the SEP in the community.

Indicate where and how the SEP will be located within the community. Identify if a mobile unit or satellite locations will be used. Also include hours of operation and days of the week that the SEP is planning to operate.

Transaction model

Describe the syringe transaction model the program plans to utilize and how data will be collected and tracked by participant.

The method by which sharps and medical waste will be disposed.

Describe the process in which the SEP will manage medical waste disposal. Describe the entities and locations that may be potential partners to increase the availability of safe disposal in the community.

The method by which participants will receive medical and other supportive services and education.

Describe the entity's plan to:

- Provide condoms and prevention counseling to reduce the risk of sexual transmission of viral hepatitis, HIV and other STDs,
- Provide HIV, viral hepatitis and STD screening,
- Provide referral and linkage to HIV, viral hepatitis and STD prevention,
    - This includes PrEP for high-risk HIV negative persons.

- Provide education, referral, and linkage to HIV, viral hepatitis, and STD disease prevention, treatment, and care services;
- Provide referral and linkage to hepatitis A and B vaccination,
- Provide education and training on drug overdose response, risk reduction and treatment, including the administration of an overdose reversal medication;
- Provide naloxone to reverse opioid overdoses
- Provide referral and linkage to and provision of substance use disorder treatment, and
- Provide or referral for medical care when necessary.
    - Imminent overdose
    - Wound Care

Describe the intake process and ongoing assessment of participants.

Describe the process in which the entity will intake new participants, including any forms that will be used to monitor participation. Also describe how participants and services will be tracked over time at the SEP. This should be done without collecting personally identifiable information that can be tracked back to any one individual.

The safety and training plan.

Describe the entities the SEP's plan to train staff and volunteers on SEP protocols. Also provide information on ongoing education plans and requirements for staff and volunteers. This should also include operational plans to ensure staff safety.

Evaluation Plan

SEP short and long term goals and objectives.

Develop a local evaluation plan the entity that identifies **three** objectives that you are looking to achieve both in short and long term periods in SMART (short, measureable, achievable, realistic and time-based) format. These objectives can be about any work you plan to do in your SEP. They could include goals about staff training, participation, education delivery, linkage to treatment, etc.

An example of a SMART goal is:

By December 31, 2021, the SEP will increase the number of individuals served by 50 individuals per year with a goal of 200 individuals.

Baseline:	0 individuals
2018 Goal:	50 individuals
2019 Goal:	100 individuals
2020 Goal:	150 individuals
2021 Goal:	200 individuals

This way of measuring can also help entities develop different activities that are focused on achieving your goals.

These goals will need to be reported on during the annual reauthorization process. These will also help guide the NDDoH to provide technical assistance to ensure the SEP is more successful.

Considerations for Entities Developing SEP

As communities and local health officials read through the requirements in the law and begin to consider if an SEP is appropriate for their area, there are a number of items to consider. It is important to remember that although a county may be at risk or is already experiencing an HIV or hepatitis C epidemic, they are not *required* to operate an SEP. The goal of any community should be to identify and respond to increases in communicable diseases and reported drug use before an epidemic exists. The determination as to whether an SEP is needed should be made after careful review of community data and many other factors. This section discusses factors communities and entities should consider while planning a SEP for the jurisdiction. Addressing the sentiment of the community and partnering with law enforcement and other community leaders is essential to success of an SEP. Programs should only be created in ways that are culturally appropriate and reflect the makeup of the community being served. Also in this sections are a number of questions that entities should be asked to help determine the level of community and entity readiness and needs while developing plans.

Assessing the Community Need for SEPs

The first step in implementing an SEP program in a jurisdictions is determining eligibility and if the need exists. Jurisdictions should utilize key epidemiological factors including HIV and hepatitis C (HCV) prevalence and the demographics of the groups at highest risk. If your entity identifies people who inject drugs (PWID) to be at high risk for these conditions in the jurisdiction, SEP as an intervention may be appropriate. This population should be assessed and a community needs assessment should be undertaken to understand what the true needs of this population may be to increase the number of people who utilize sterile injecting supplies each time they inject and to safely dispose of their works.

The North Dakota Department of Health publishes an epidemiologic profile of HIV.STD.TB and Viral Hepatitis each year that details information related to disease trends in North Dakota. To find this profile, visit www.ndhealth.gov/hiv.

- Does the county or municipality meet the criteria set forth in the law?
    - Is the county at risk of or have an epidemic of HIV, hepatitis C, or both?
    - If so, is intravenous drug use the primary mode of transmission?
- What measures has the county taken to control the epidemic?
    - Have they been effective? If not, can specific factors or barriers be identified?
    - What other measures might be considered in place of or in addition to the establishment of a SEP as part of a comprehensive public health response?
- Based on what is known about the epidemic in your jurisdiction, is an SEP a medically appropriate method of harm reduction?

Assessing Community Readiness for SEPs

Once it has been determined that an SEP is necessary to address the HIV and HCV prevention needs among PWID in the jurisdiction. The next step is to determine if the community is ready. For entities that are not associated with local public health or city/county government, the approval of the city/county government is required under North Dakota law to legally operate an SEP in the jurisdiction.

All people to work in and be served by an SEP must be part of an engagement strategy. Assembling the facts and intervention options, assessing stakeholder knowledge and attitudes and developing an action plan prior to approaching leaders is part of a process to ensure successful rollout of a program. Some strategies that have been found to be effective include: (1) building relationships with community leaders, officials, opinion leaders, law enforcement, public health officials, treatment centers, religious leaders and businesses in and around areas where it is suspected the SEP may operate; (2) educating the public about drug use, how the SEP works and about safe works disposal; (3) framing messaging about the community benefit, including reduced HIV and HCV infection rates, proper syringe disposal, cost effectiveness and linkage to treatment services; (4) understanding and appreciating community and stakeholder concerns; (5) recruiting staff and volunteers from the community that will be impacted by the SEP, which includes involving PWID in the planning and implementation process.

- What view does the community at large have about SEPs? How will the community at large be educated about the potential for a SEP in the area?

- Are there local laws or ordinances that should be considered as they relate to SEPs?

Collaboration with Potential Participants

After the entity has having the buy-in of community leaders, it is essential to engage the community that will be served to develop a plan that will work best for them to access services. Below are some methods that can be used to reach the at-risk community.

Street Outreach

Contacting PWID initially may require time and patience, but will be essential to for the program. Outreach workers should approach PWID, introduce themselves and indicate which entity they represent. Initially, outreach workers should be sensitive to cues of the potential participants of whether they are willing to engage at that moment or not. They can simply let them know what services they are planning to provide and are looking for input on how the entity can help them. It is important for outreach workers to develop relationships with PWID while keeping outreach and service delivery as a priority. Maintenance of confidentiality is of the utmost importance. As relationships build over time, trust will be developed. Outreach workers can start a dialogue with PWID and start to discuss safer injection methods and health matters in a non-threating manner and engage them to a dialogue on what is needed in the community. These relationships may also lead to the ultimate goal of getting input into making an SEP that works for the community, and affected persons will help spread the word about the program. This will instill a sense of trust among this population that will be integral to program success.

When an entity engages in street outreach, it's important to consider the safety of outreach teams; culturally appropriate personnel and attire; culturally relevant educational materials and supplies; training and materials for safe syringe disposal; outreach worker training in overdose prevention,

recognition, and response; and procedures for documentation of outreach activities, including any adverse incidents.

- How will the entity work to develop trust and the assess needs of the injection drug-using community?

Working with Law Enforcement

SEPs 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 SEP participants. The effectiveness of the program diminishes if participants see that by utilizing the services increases the risk of prosecution. Education and buy-in from law enforcement are keys to success. Law enforcement may even be a collaborative partner in linking individuals to exchange services. It's important to educate law enforcement on the benefits of harm reduction and what the SEP does to link individuals to treatment and prevention services.

Talk with local law enforcement, build relationships as early as possible and include them in the planning process. Try and negotiate agreements that law enforcement officers will not target SEP participants or staff. Train and work with law enforcement on safe disposal and disposal locations to prevent needle stick injuries in the line of duty.

- How will law enforcement and public health work together to ensure a balance between upholding laws and supporting public health?

Financial Support for SEPs

Determining how the entity to finically support the SEP will be the next step in the planning assessment process of the program. The Harm Reduction Coalition has developed a guide to Developing and Maintaining Syringe Access Programs. Within this document, it describes a strategy to planning and designing your program with funding in mind.

- How will the SEP be funded, staffed, and which model will work best for the community?

The North American Syringe Exchange Network (NASEN) is a network of syringe exchange programs that operates out of Tacoma, WA. They serve to support SEPs through technical and financial assistance programs to expand and support the network of SEPs. NASEN operates a buyers club and utilizes its purchasing power to secure the lowest wholesaler prices. They also offer grants and start-up kits to exchanges who are just beginning operations.

Stipulations to state and federal law are that no state general funds or federal funds are to be used to purchase injecting equipment, which includes needles, syringes and other equipment for the process of injecting. However, if available, state general funds or federal funds can support the development, implementation, and/or evaluation of syringe access programs.

The following is a **SAMPLE** budget from an SEP provider that is aimed at reaching rural populations. Your program may require additional expenses not listed here that would require consideration.

Sample Program Budget

Total Budget

$25,000

Expenses

Salary & Fringe		$13,955
Supplies for Bleach Kits		$2,500
Items for Pantry		$1,700
Incentives for Safe Disposal	(360@ $5.00)	$1,800
Database/Data Collection		$1,400
Clinical Supervision		$1,300
Syringes (250 per week/ 52 weeks)		$1,625
Biohazard Disposal ($60/month)		$720

Location of SEP

There are multiple service delivery models that can be used to at SEPs. SEPs may operate with a single model or may adopt a multi-pronged approach. Programs should choose what meets the needs of their participants within the scope of available resources. SEPs may learn exactly what model is right for the program through a needs assessment. Factors that should be considered include: the local drug scene, resources and budget, staff/volunteer availability, organizational structure, geography and political climate.

- Where is the most appropriate place to physically locate the SEP, related supplies and other components given the expected number and needs of participants? Is this location secure and does it offer confidential entry and exit? Have you considered a mobile unit alone or in combination with a fixed location?

- Does your community have any unique characteristics that should be considered (for example; acts as a regional hub or center, access to public transportation, etc.)

Fixed Site

The SEP could be housed within a building or single location, such as a storefront, office or similar space. Entities should provide fixed sites as they offer great opportunities to integrate other services, like counseling, referral, case management and clinic services. A fixed site would be ideal for HIV and viral hepatitis A and B vaccination, support groups, food provision and abscess and wound care, as it can be more private than other settings. Other examples of a fixed site could include partnership and integration with pharmacies or emergency departments.

Limitations to consider include: transportation to the site, hours of operation, higher overhead costs (rent/maintenance), can become a focus for opposition and greater visibility of PWID.

Mobile/Street Based Outreach

SEPs can operate by foot, bicycle or vehicle. Stops are often made at designated locations and specified times. Mobile delivery is useful when PWID are spread out geographically. This may also be preferable to participants in areas where there is a high likelihood that there will be police surveillance at fixed sites.

Often, mobile/street based approaches work in partnership with a fixed site program to diversify how services are delivered.

Limitations to mobile/street based outreach approach is that this can pose some issues with personal safety for staff and volunteers, also, it is harder to deliver ancillary services than with a fixed site.

Home Delivery

In home delivery models, injecting equipment and services are delivered directly to where a person lives or other pre-specified meeting location. Appointments can be made on a scheduled or regular basis, or made directly as needed with the SEP provider. This model can encourage participation to people who are unable or unwilling to come to an SEP site. Participants wouldn't need to travel with used injecting equipment and could lead to the safe disposal of more equipment.

Limitations include being time consuming and difficult to sustain as it requires a lot of vehicle time and resources. Safety should be considered when entering another individual's home.

Secondary/Peer Delivery Models

Secondary or peer delivery models occur when participating PWID distribute syringes and supplies within their network and supply the SEP back with the used equipment. If SEPs choose to utilize this model, policies and procedures must be in place to ensure appropriate tracking of utilization can still occur. This can empower participants to encourage their peers to trust and utilize the SEP themselves and to expand service delivery.

The Harm Reduction Collation has developed a toolkit that provides examples of policies and practices from current peer-delivered syringe exchange programs. It can be found at: http://harmreduction.org/issues/syringe-access/tools-best-practices/manuals-and-best-practice-documents/pdse-toolkit/.

Emergency Departments

For some PWID seeking healthcare for detoxification, wound infections, abscesses and overdose, emergency departments may serve as access points to identify and recruit PWID for SEPs. Emergency departments can refer PWID to SEPs not only for sterile syringes, but also for wound care and overdose prevention education, HIV and STD screening, vaccination, and referral to substance abuse treatment services.

Pharmacies and Pharmacists

Pharmacies and pharmacists can be a good resource and ally for SEPs. Pharmacists have daily contact with the public and can be a valuable resource for referring PWID to SEPs. They may also serve as a location for exchange and disposal in some locations.

Transaction Models

The syringe transaction is the primary point of contact between PWID and an SEP. The quality of this interaction will set the tone of the program and is integral to its success. SEPs operate with the primary goal of providing PWID with new, sterile injection equipment as a means of reducing the spread of blood-borne pathogens and other injection-related infections. Another goal of the SEPs is to remove used injection equipment from circulation. The following outlines several transaction models for making syringes and works available, including both distribution and exchange-based models.

- Which type of transaction model will work best for the community to meet public and participant needs?

Needs-Based Model

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. This model emphasizes asking participants, "How many syringes do you need?" as a means to determine how many will be distributed. Disposal is still a priority, however, it would not be a requirement. Sharps containers should be available onsite and education should be provided to those who are unable or are unwilling to travel with used injection equipment to use alternative, safe disposal methods.

Needs-based models are the policy most likely to meet the true needs of PWID. It is also the model that will most likely receive community opposition. Being able to anticipate community concerns and respond accordingly may help to utilize this model. It is an important strategy to meet everyone in the community "where they are at" and will help the SEP be a success. While people may be opposed to certain SEP policies initially, it is possible for them to change their position, particularly if their concerns are acknowledged in an open and nonjudgmental way. It is important to take all community relations and concerns seriously and provide education about the proposed program. Explain rationale behind policy decisions and take steps to proactively address concerns to help alleviate opposition.

The Harm Reduction Coalition has put together some key criticism of needs-based distribution models as well as some potential responses that can be found here: http://harmreduction.org/issues/syringe-access/tools-best-practices/manuals-and-best-practice-documents/sap-manual-appendix/appendix-c/.

One-for-One Model

The one-for-one exchange means that for every used syringe a person brings back to the SEP, he or she will receive one new sterile syringe. The most likely reason to conduct one-for-one exchanges is either because of requirements imposed by funders and/or community fears about SEPs. While the concerns of the community are reasonable, the one-for-one model may have a negative impact for PWID and can affect the overall program effectiveness.

Some opponents to SEPs believe that without strict disposal requirements, syringes will be improperly discarded in the streets, parks and throughout the community. Research has never been found to validate this fear. However, people who continue to share syringes and works because they do not have enough of their own, can lead to the spread of HCV and HIV. It is unlikely that when given the choice to use someone else's used syringe or a new sterile syringe, a person would chose to put themselves at risk. It has also been show that despite programs that require used syringes for exchange, existing criminal penalties associated with carrying used injection equipment and fear of arrest have a greater impact on disposal behaviors of PWID.

Another danger of a strict one-for-one policy is the impact on staff and volunteers of the SEP. Despite the perceived legitimacy of the program policies on paper, when faced with an 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 equipment. These policies may inadvertently set up staff to lie or bend the rules, which will harm the relationship for all parties involved. Any breaks in trust and consistency can challenge program legitimacy.

It is also possible that if a person doesn't have any syringes to exchange, they may not visit the SEP at all because they assume they will not be able to access services.

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 the program. This model was developed in response to concerns about a straight one-for-one policy in an effort to better meet the needs of actual participants. More often, in the case of one-for-one plus, there is still some requirement that participants turn in used syringes in order to receive new ones, however there is some flexibility when they don't have enough, or possible, any, used syringes to exchange.

Some programs employ the use of a "starter kit." These kits are designed for people who don't have any syringes to return and usually have one or two syringes. These are also called "incentive syringes." For example, if someone returns five syringes, the program will distribute ten. Incentive policies and ratios are usually pre-determined by policy, but may also allow for a process of negotiation between the SEP worker and the participant to meet better needs.

Other programs in this model may have a cap on the number of syringes a participant can receive at each encounter, but no limit the number of encounters. So if the policy is that a participant can receive ten syringes for every one returned, five encounters logged with one return each time will result in the participant receiving 50 syringes total.

One-for-one plus is more effective in enabling participants to meet their actual injection needs than a strict one-for-one policy. It begins to take pressure off of the participant to carry used equipment back to the program, and it takes pressure off of staff who may be inclined to break policy to meet ethical needs. It also gives staff opportunities to engage with participants about planning and disposal.

Enrollment /Intake Process

Enrollment and intake marks the establishment of a relationship between the participant and the SEP. Enrollment offers an important opportunity to begin building trust with the participant. Intake should be minimal to accommodate participant needs and encourage enrollment. It may be necessary, given your proposed services, to employ an extended intake for monitoring ongoing needs for case management, housing assistance, mental health services, disease testing, referral for treatment, etc. Enrollment can serve many purposes. One enrollment can serve as legal protection for needle possession as a result of being enrolled by the SEP. During enrollment, the SEP can provide the participants with information on policies and protocols of the SEP as well as any information on services provided. Enrollment can also serve as the way to document valuable demographic and statistical information that is require to be reported as part of the authorization process.

The SEP must develop and report clear enrollment and ongoing assessment policies and procedures. Having a clear understanding of what the SEP is proposing to collect and determining for which purpose it serves is essential. The SEP should not propose collecting information that is not vital to the operation and ongoing evaluation of the program. The following list is a list of suggested information to collect from participants, however is not an exhaustive or exclusionary list.

- First and second letter of the first name
- First and second letter of the mother's first name

- Month and year of birth
- Current gender identity
- Race/ethnicity
- County of residence
- Drugs used
- Years injecting
- Housing status

Whenever information is requested from a participant, it is imperative the rationale behind the questions are explained to each participant. If the agency cannot determine the reason for the data being collected, it should not be collected.

Identification Cards

Identification cards can be developed by the SEP to provide to participants as a way to identify themselves as a registered participant of the SEP. This may be a tool that is useful for participants in their interactions with law enforcement. They may also serve a purpose to speed up the process of transactions at the SEP. Like intake, the identification cards should only be implemented if there is a clear benefit to doing so. If utilizing identification cards is used, consider utilizing an anonymous and unique identifying code that cannot identifying. An example is utilizing the first two letters of the participant's first name, the first two letters of the participant's mother's first name, the year of birth and the month of birth. This combination can be easy for the participant to reproduce if needed.

Disposal

SEP Disposal of Returned Injection Equipment

Assisting participants with the proper disposal of used syringes and injecting equipment is an important role for the SEP. The SEP must comply with regulations for disposing of used syringes which qualify as regulated medical waste (RMW). Proper disposal is a public safety issue. Improperly discarded waste poses a risk for the spread of infectious disease. Also, improperly disposed of injection equipment may draw unnecessary attention and negative criticism to the SEP, despite efforts to improve disposal practices. There is also the fear that PWID may still be afraid to carry used injection equipment for the fear of an interaction with law enforcement.

The SEP must develop a plan around safe disposal procedures to avoid accidental needle stick injuries among staff and volunteers and what to do if a needle stick injury occurs. Staff should never directly handle or count returned syringes. Hand counting of supplies should not be included as a requirement to the program.

Many SEPs allow for self-reporting of the number of syringes from participants for return, as well as estimated by weight.

There are a number of companies who will pick up and appropriately dispose of used injecting works. In many cases, these services included supplies to properly package medical waste for disposal. The cost of these services and supplies should be considered in the SEP budget.

See the NDDoH's guide to Infectious Waste Regulation at:
https://www.ndhealth.gov/wm/Publications/AGuideToUnderstandingNorthDakotasInfectiousWasteRegulations.pdf

- Will sharps containers be provided to participants for safe disposal of used syringes? If not, how will used syringes be disposed of, and how will this be paid for?

Individual Disposal

SEPs should always encourage participants to return used syringes and works to the SEP for proper disposal. Sharps containers may be distributed to participants to allow for easier and safer transfer of works. If this is not feasible, participants should be instructed to use rigid containers, like detergent bottles or beverage bottles to dispose of their works. The container should be marked as containing sharps and a biohazard.

Education should also be provided on the proper way to handle syringes and how to properly recap syringes to avoid needle stick injuries.

Community Retrieval/Syringe Collection

It is important to include plans 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, SEPs may also consider engaging in proactive syringe clean up in the community. This can be done by organizing crews of SEP staff or volunteers to go into community areas that may have higher rates of discarded injection equipment to conduct safe cleanup.

One strategy to create positive impressions of your SEP to the larger community is to utilize a resource where the SEP can respond directly to community concerns. An example of this would be a hotline or method of communication where the public can report concerns on incidents of improperly discarded injecting equipment. Other things could be the deployment of syringe disposal in public places, like parks, public restrooms, etc. to increase the likelihood the PWID have ongoing access to safe disposal aside from home or through the SEP.

Medical Services

There are number of additional services that must be incorporated into an SEP however, how the entity determines to provide them is flexible. Each program will have to cover a core set of services that must be incorporated into the implementation plan for the NDDoH to authorize the program. Those services include: education on overdose response and treatment; education, referral and linkage to HIV, viral hepatitis and STD prevention treatment and care; and drug addiction treatment information and referrals.

HIV/STD/Viral Hepatitis Prevention, Testing and Education

One of the primary purposes of a syringe exchange program is to reduce the risk of transmission for bloodborne pathogens. By providing services to participants to know their status and to monitor whether or not they have become infected with a bloodborne pathogen is an essential function of an SEP. SEPs may decide that onsite testing for HIV, STDs and viral hepatitis are services they can incorporate, however, it may not be a feasible service to deliver for others. All sites, however, must determine a process to provide or refer patients for these services and develop policies to ensure participants are screened and flagged for ongoing assessment.

The NDDoH has a number of resources and provides free HIV and HCV screening to at-risk individuals at sites across the state. These entities may be a good partner to work with to procure these services. Many of these sites also offer hepatitis A and B immunizations, which are recommended for PWID, as they are at high risk of acquiring HCV. These entities can be found by visiting www.ndhealth.gov/hiv. If your site is unable to partner with an existing site, contact NDDoH

as we may be able to assist you to develop your own testing and immunization programs within your SEP.

Participants who are positive for a blood borne pathogen should receive additional education and referral for treatment services. The North Dakota Ryan White Part B program is a program designed to provide medical and support services to people living with HIV in North Dakota. More information on this program can be found at www.ndhealth.gov/hiv.

Overdose Prevention & Education

When working with PWID, it is imperative to address overdose prevention and response. The SEP is an ideal opportunity to engage with participants on overdose prevention. By educating participants on how to appropriately respond to an overdose can help to save lives. Overdose poses a significant health risk to PWID and is among the leading causes of accidental deaths in the United States. For programs aimed at the participant, keep trainings and materials brief and potentially a part of enrollment.

Comprehensive training on overdose prevention, recognition and response should be a requirement for all staff and should also be made available to participants. Entities must also prepare a protocol for overdose response should that occur at the SEP.

Ideally, the SEP would make naloxone available to participants, but at a minimum should have doses on hand in the case an overdose occurs onsite at the SEP.

Addiction Treatment Referral

As you develop relationships with participants, SEP operators will be key people trying to bridge the step from participants using drugs to accessing treatment for their addictions. SEPs are encouraged to develop a relationship and a plan for entry to addiction treatment services in your area.

Staff should be trained to engage participants about their treatment decisions without being stigmatizing or judgmental. Participants should feel safe in returning to the site regardless of their treatment readiness or past successes and failures.

Staff should be educated to talk to participants about the range of treatment options which include: detox, short- and long-term inpatient/outpatient options, methadone/suboxone/buprenorphine/naltrexone treatment, 12-step and harm reduction support groups in the area.

Other Services

Other services SEPs may want to consider include education and referral for/provision of wound care, naloxone administration and other support services.

- In addition to syringe exchange and substance abuse treatment and support referrals, what other resources and referrals will the SEP offer? For example, will wound care kits and pre-exposure prophylaxis (PrEP) for HIV be provided?

Education and Counseling

Enrollment and ongoing relationships with participants allow for great opportunities to provide education. Educational materials must be accurate, up to date, and matched to the population served in terms of cultural relevance, language and reading level. Staff could benefit from training on providing accurate information and using evidence-based approaches to counseling.

Specific education that should be provided ongoing to SEP participants include:

- Services, locations and hours;
- How information is disseminated (facebook, twitter, instagram, websites, etc.);
- Local health centers and clinic locations with hours;
- Safer injection practices and wound and vein care;
- Smarter sex practices (provide condoms and referral for family planning services);
- Identification and treatment of soft-tissue infections;
- Safe disposal procedures;
- Accidental needle stick response; and
- Immunizations.

Staff Training & Safety

Staff training is a necessary component to a functioning and efficient SEP. Training helps to ensure that participants are receiving consistent and quality services. Each SEP should develop their own core curriculum and designate an individual or a set of individuals that will be responsible for training any staff or volunteers.

Topics that should be covered include, but are not limited to:

- Entity policies and procedures and relevant regulations, including emergency/safety procedures, general operating procedures and reporting requirements
- Harm reduction 101
- Legal and law enforcement issues and policies
- Syringe disposal and safety, including needle stick procedures
- HIV, STD and viral hepatitis basics, transmission, testing and prevention
- Safer injection
- Overdose prevention
- Referral networks and procedures, including drug treatment and medical care
- Cultural competency, including sensitivity to the needs of youth, LGBTQ, people of color, women, sex workers and other populations.
- Motivational interviewing or other evidence based counseling for PWID

Staff Safety

The safety and security of staff and volunteers should be the primary concern at the SEP. SEPs face unique safety concerns for several reasons which include:

- 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 minimize certain risks and potential threats.

Staff and volunteers should be encouraged to work in pairs or groups and should also be discouraged from bringing with them anything of value including wearing jewelry. Staff should be provided a designated area to lock up any personal belongings or values at the SEP.

If safety is compromised in any way, the SEP should have a procedure to debrief after the incident and learn how to better protect staff and participants. Policies should be updated to reflect new procedures if warranted.

Needlestick

SEPs should properly educate staff and volunteers about the risk of needle stick injuries. 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.

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

- Staff should never handle a participant's syringe.
- Encourage participants to recap their own syringes.
- If staff need to pick up a loose syringe, tongs or heavyweight gloves should be provided and used.
- Syringe transactions should be handled one participant at a time.
- Do not fill biohazard containers over ¾ full.
- Never insert hands into a biohazard container for any reason.
- Distribute and encourage participants to use sharps containers.
- Advise staff against wearing open toed shoes.

Staff, volunteers and participants should be educated on the benefits of being vaccinated for hepatitis A and hepatitis B. Individuals who have an accidental needlestick should be referred to a healthcare provider for evaluation and follow-up care for hepatitis B, hepatitis C and HIV.

Resources

National Resources

There are a number of national organizations and resources available to entities considering an SEP.

National Alliance of State and Territorial AIDS Directors (NASTAD) and Urban Coalition for HIV/AIDS Prevention Services (UCHAPS)

Syringe Services Program Guidelines for Development and Implementation for State and Local Health Departments

http://www.uchaps.org/assets/NASTAD-UCHAPS-SSPGuidelines-8-2012.pdf

Harm Reduction Coalition

Harm Reduction Coalition Resource Page

http://harmreduction.org/our-resources/

North American Syringe Exchange Network

National Directory of Syringe Exchange Programs and Resources

https://nasen.org/

New York State Department of Health

Syringe Access and Disposal Guidance

https://www.health.ny.gov/diseases/aids/consumers/prevention/needles_syringes/

New Jersey State Department of Health

Syringe Access Program Report/Information

http://www.nj.gov/health/aids/sapreport.shtml

Seattle and King County Drug Use and Harm Reduction Resources

Access and Disposal Resources and Harm Reduction Materials for Users

http://www.kingcounty.gov/healthservices/health/communicable/hiv/HarmReduction.aspx

North Dakota Department of Health Resources

The NDDoH has a number of resources available to local communities to assist in determining if an HIV and/or HCV epidemic is occurring in their area. Technical assistance will be made available in the future for those considering a SEP in the areas of planning, implementation, evaluation and other topics as needed.

HIV/STD/TB/Viral Hepatitis Epidemiologic Profile

Annually, the NDDoH publishes a document that describes the epidemiology of HIV, STD, TB and viral hepatitis infections in North Dakota. This document is available at http://www.ndhealth.gov/hiv/sep. Additional data requests on disease information can be requested from the NDDoH, Division of Disease Control by calling 800.472.2180 or by emailing disease@nd.gov.

Substance Use in North Dakota

The North Dakota Department of Human Services, Behavioral Health Division has created a website that contains trends of substance use and outcomes for counties and municipalities to use in determining if they meet the requirements to apply for a SEP program. These profiles have been provided to each county health department and are available online at https://sund.nd.gov/#/.