



DEPARTMENT OF
**PUBLIC HEALTH
AND WELLNESS**

Syringe Exchange Program

DRAFT

**Louisville Metro Department of Public
Health and Wellness**

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Greg Fischer, Mayor

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ACKNOWLEDGEMENTS

The Louisville Metro Department of Public Health and Wellness (LMPHW) is responsible for the operation and oversight of the Louisville Metro Syringe Exchange Program (LMSEP) with authority granted by KRS 218A.500 (Section 5), and Louisville Metro Ordinance No. 058, Series 2015. Scientific studies have demonstrated that syringe exchange programs are proven to reduce the transmission of HIV, hepatitis C and other blood-borne diseases. Studies have shown that these programs do not increase crime or drug use and provide a gateway to drug treatment and HIV prevention services. LMPHW anticipates that its program will evolve over time beginning with a designated site located at its downtown campus (see section 3.7). To augment this site, community outreach workers will provide access to syringes during their community prevention efforts. An LMPHW substance abuse counselor will provide oversight of the operation. The counselor will build and foster community relationships to promote support and acceptance of LMSEP.

LMPHW is grateful for the encouragement that it has received from national organizations, local and state governments, community stakeholders and partners, as well as the enthusiasm of staff members who are embarking on an innovative journey to protect and promote the health and wellness of Louisville Metro residents. The stakeholders include:

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I. INTRODUCTION

“The United States will become a place where new HIV infections are rare...”ⁱ

The Centers for Disease Control and Prevention reports that “sharing syringes is a direct route of HIV transmission” and that in 2012, 26% of deaths among persons with acquired immune deficiency syndrome (AIDS) were linked to intravenous drug use (IDU).ⁱⁱ The healthcare system recognizes that challenges exist in efforts to prevent HIV/AIDS especially among those who inject drugs:

- Sharing syringes is often a practice of persons who inject drugs.
- Drug use reduces inhibitions and increases risky behavior.
- The risk of injecting drugs affects young and old users alike leading to more youths being infected with blood-borne diseases such as HIV and hepatitis C.
- The injection of drugs is deemed a criminal act reducing the opportunity for healthcare professionals to offer counseling and rehabilitation services.ⁱⁱⁱ

Over twenty-years of research has shown that a syringe exchange program (also known as needle exchange program) is one of the most effective methods to overcome these challenges and prevent HIV and other blood-borne diseases in persons who inject drugs.^{iv} Effective programs are built around the following features:

- Easy access to services by maximizing the number of locations and available hours of service.
- Services are provided with respect to anonymity and limited paperwork requests of the participants.
- Peer educators are recognized assets to the program.
- The availability of syringes is not limited.
- Health and social services are available to program participants.
- Community stakeholders are a valued asset to developing syringe exchange programs and the atmosphere of the program - both social and legal aspects.^v

Louisville Metro community stakeholders have joined the Louisville Metro Department of Public Health and Wellness (LMPHW) in this groundbreaking effort to protect the health of the public by the development and implementation of a syringe exchange program.

1.1 Purpose and Use of the Guidelines

The Louisville Metro Department of Public Health and Wellness, a local health department, provides public health prevention services to the estimated population of 760,026 persons who reside in Louisville/Jefferson County, Kentucky. In doing so, we are following our mission to create a culture of health and wellness in the Louisville Metro community. LMPHW prevents disease, illness, and injury; and protects the health and safety of Louisville Metro residents and visitors. The vision of LMPHW is to create a healthy Louisville Metro by decreasing disease and death, eliminating disparities in health and healthcare, and giving everyone the chance to live a healthy life. We work to improve the health of the citizens of Louisville by providing individuals, groups, and communities with the tools to make informed decisions about their well-being.

In accordance with KRS218A.500 signed by Governor Steven L. Beshear on March 25, 2015, Kentucky law permits a local health department to operate a substance abuse treatment outreach program which allows participants to exchange hypodermic needles and syringes. The efforts to do so was passed by Louisville Metro Council, Louisville's legislative body on April 23, 2015 (Ordinance No. 058, Series 2015), and signed by Mayor Greg Fischer on May 4, 2015. The Louisville Metro Board of Health unanimously voted its support of the Louisville Metro Department of Public Health & Wellness operating a syringe exchange program on May 6, 2015.

The goal of the Louisville Metro Syringe Exchange Program (LMSEP) is to reduce the transmission of blood-borne diseases including HIV and hepatitis C among persons who inject drugs and to protect their sexual partners.

The guidelines in this document outline the operation of LMSEP and incorporate best practices as researched by LMPHW and community stakeholders. The stakeholders focused upon harm reduction for persons engaging in high risk behaviors such as sharing needles and unprotected sexual activity. The program will provide outreach to intravenous drug users (IDU), engaging them "where they are," and help persons make healthier choices. This will be accomplished by reducing the risky behaviors associated with intravenous drug use through access to clean syringes and opportunity for counseling, rehabilitation, and social services. The LMSEP strategies include:

- Providing sterile syringes and HIV prevention supplies,
 - Safely disposing of syringes,
 - Testing for HIV and other blood-borne pathogens,
 - Educating and distributing materials on syringe disposal, safe injection, and overdose prevention, and
 - Referring and linking participants to drug treatment services, other health services and social services.
-

II. BACKGROUND

2.1 Need for the Program

HIV/AIDS is a national and statewide health concern and rightfully so. By 2010, HIV/AIDS had led to the death of 600,000 Americans.^{vi} Not only is the needless loss of human lives costly to society, but also treatment carries a costly impact. In 2014, the cost to provide hepatitis C treatment was up to \$84,000 a person^{vii} and reported as high as \$300,000 by other sources.^{viii} In 2004 the cost to treat someone with HIV was up to \$648,000 during his/her lifetime.^{ix} Conversely, the cost of “preventing a drug-related infection is 150 times more cost efficient than the cost efficiency of transfusion-related infection.”^x

As Kentucky’s most populated county, Louisville/Jefferson County Metro has the greatest prevalence of HIV in the state.^{xi} As of June 2014, approximately 9,300 HIV cases had been documented in Kentucky of which 45% were of Jefferson County residents.^{xii} Up to 15% of Kentucky’s HIV cases may be attributed to injection drug use (IDU).^{xiii} From January 1, 2015 to May 6, 2015 in a rural town of 4,000 residents, the Indiana State Department of Health reports that 150 new HIV infections are identified in Austin, Indiana, in relationship to intravenous drug use. Austin residents live 35 miles north of Louisville Metro and many of the infected patients are seeking care from the Louisville healthcare system. To combat these statistics, Kentucky’s Harm Reduction and Syringe Exchange Program along with local health departments are developing and implementing strategies to reduce the risk of HIV among injection drug users.

The hepatitis C virus, a blood-borne disease, is strongly associated with drug injection. In fact, CDC cites the risk of transmission for both hepatitis C and B as high when injecting drugs causing an acute and chronic infection. This results in a significant public health problem because of the “close connection with HIV.” The injection of drugs - sharing needles and drug preparation tools – is a key risk factor for contracting the blood-borne diseases.^{xiv} Kentucky’s latest data reveals a marked increase in acute hepatitis C infections, more than doubling from 1.6 per 100,000 to 4.1 per 100,000 between 2008 and 2012.^{xv} Among all states, Kentucky, Tennessee and Virginia accounted for over 20.4% of acute hepatitis C cases in 2012; and Kentucky has the highest rate of hepatitis C virus infection in the United States.^{xvi}

Accidental overdose is one of the most common causes of death among persons who inject drugs.^{xvii} The Louisville Metro Police Department reports that in Jefferson County, the heroin overdose death investigations rose from 103 in 2010 to 153 in 2013 – a 50% increase.

The syringe exchange program is a best practice harm reduction model to ameliorate the public health problems associated with blood-borne diseases – both the cost of life and the expense of treatment associated with drug injection use. The National Institute of Health reported that persons who inject drugs that have access to clean needles reduce risky behaviors “as high as 80%.”^{xviii} Furthermore, the LMSEP will provide access to care for IDUs connecting persons to treatment and social services. Studies show that program participants “were five times more likely to enter drug treatment than non-participant IDUs” and were more likely to stay in treatment.^{xix}

III. PROGRAM IMPLEMENTATION

3.1 Assessing the Community Readiness

Knowing that the need exists, the Louisville Metro Department of Public Health and Wellness (LMPHW) convened community partners on April 2, 2015, to assess the community's readiness to implement a syringe exchange program. Fourteen partner agencies attended the meeting and of those, 20 people volunteered from across the community to form a workgroup and subcommittees focusing on program design and implementation, researching best practices, and surveying the number of intravenous drug users (IDU) in treatment to gain knowledge of the target audience.

Community partners included:

- Kentuckiana AIDS Alliance
- Copes, Inc.
- Center for Behavioral Health
- Seven Counties Services, Inc. Jefferson Alcohol and Drug Abuse Center
- Walgreens
- Neighborhood Place Fairdale
- 550 Clinic (HIV treatment Center)
- University of Louisville School of Public Health and Information Sciences
- University of Louisville Department of Pediatrics
- Louisville Metro Department of Corrections
- University Hospital Emergency Department
- Metro Louisville Harm Reduction Task Force
- Louisville Metro Emergency Medical services
- Family Health Centers, Inc.
- AIDS Interfaith Ministries of Kentucky
- Louisville Metro Police Department
- Louisville Metro Department of Public Health and Wellness

3.2 Building Community Support and Collaboration

The Louisville Metro Department of Public Health and Wellness presented its request to implement a Syringe Exchange Program (SEP) to the Louisville Metro Council Public Safety Committee. Sponsored by seven members of Metro Council, the Council members demonstrated unanimous support of the program building upon the foundation laid by the community partners. While much research demonstrates that needle access/exchange is a best practice, much stigma is attached to the practice by those fearing promotion of risky behavior.

The partners have identified the need to build support from the healthcare and social services providers, the faith-based community, neighborhood associations, business owners and the school system.

Through community involvement and engagement, the partners endeavor to implement the following strategies:

- Build relationships with community leaders, opinion leaders, law enforcement, the faith-based community, and businesses located in proximity to the LMSEP activities.
- Educate the community about the effectiveness of clean needles as a community-wide harm reduction.
- Understand and address the concerns of residents and other stakeholders.
- Recruit staff and volunteers who represent the community where LMSEP sites are located.
- Involve intravenous drug users in the LMSEP planning and review process as subject-matter experts.

Building community support will happen over time and be an on-going LMSEP component. Project staff and stakeholders will join groups and invite community members to be a part of the advisory team. At all times neighborhoods and neighborhood residents will be respected by the program and by participants.

3.3 Working with Law Enforcement

Law enforcement and other emergency services are an integral component in a successful needle access/exchange program. In fact, the LMSEP has the capacity to reduce the law enforcement hazard of needle sticks by protecting personnel from injuries. Cities that provide needle removal programs have reported “a dramatic reduction in needle sticks...”^{xx}

The engagement of law enforcement includes working with the police, prosecutors, judges and correctional officials. The dialogue is open and the Louisville Metro Police Department (LMPD) and Department of Corrections (DOC) have played a collaborative role in planning and developing LMSEP. In fact, LMPD Chief Steve Conrad joined public health officials in its approach to Louisville Metro Council.

Important steps to take:

- Gain support from:
 - political and social leaders;
 - local media;
 - law enforcement union;
 - fire and rescue departments
 - district and county attorneys, and most importantly
 - LMPD officers
-

- Provide law enforcement training that will include:
 - The legality of carrying needles if participants declare the sharp objects prior to being searched.
 - The importance of confidentiality and the role of the workers involved.
 - Working with persons who are stigmatized because of their use of illicit drugs.
 - Building relationships with persons who use illicit drugs.
 - Providing education on safer methods of intravenous drug use.
 - Decrease health risks when handling IDU or other equipment
 - Invite LMPD and Jefferson County Sheriff officers to join the LMSEP advisory board.

3.4 Reaching Potential Participants

A primary pillar of LMSEP is trust – with participants, with the community, with law enforcement and with partners. LMSEP will incorporate partners who know the target community through their daily responsibilities of preventing HIV/IDU. These partners have a foundation of trust with potential participants. Some ways to connect are:

- Outreach workers who meet with the IDUs on the street.
- Social media/website updates.
- Flyers posted at pharmacies, community centers, grocery stores, convenience stores promoting the LMSEP telephone number/website/email, location and hours of operation.
- Word-of-mouth through the IDU community.

Outreach protocols include:

- Utilization of harm reduction techniques that accept rather than judge potential participants.
 - Confidentiality.
 - Participation in therapeutic relationships is voluntary on the part of the participant and not a program requirement.
 - Be attentive to the health and well-being of the potential participant when discussing options, being aware of verbal and non-verbal feedback.
 - Provide appropriate referrals based on the participant's needs and choices.
 - Treat participants in a respectful and professional manner.
 - Assure that services are accessible for potential participants.
-

3.5 Referrals to Treatment

Participants will be educated on addiction treatment options and referred to the appropriate treatment upon their request. The Seven Counties Services, Inc., Jefferson Alcohol and Drug Abuse Center (JADAC) will assign an addictions treatment case manager to the syringe exchange program whose responsibility is to inform participants and make treatment referrals. The case manager will be available to LMSEP staff and participants 30 hours per week and some evenings. The case manager will be knowledgeable of all community treatment resources (such as methadone, buprenorphine and naloxone (suboxone), detox, residential, outpatient, recovery centers, and 12 step groups) and keep LMSEP staff informed of any changes in treatment resources. By knowing the resource requirements, funding mechanisms, and advocating for the participant, the case manager will be able to reduce barriers to treatment. The case manager will follow up with the participant during treatment and help move him to the next modality of care if indicated.

A Treatment Advisory Group has been formed and will meet periodically ensuring that any barriers to treatment are addressed for participants seeking recovery. Drug treatment providers will have an understanding and respect for the many different forms of harm reduction as needle access and exchange.

If a participant tests positive for HIV, LMSEP staff will link the participant to the case manager at University of Louisville 550 clinic, an HIV treatment center. The case manager is responsible for linking the participant to HIV treatment and services.

LMSEP staff will link participants to primary care providers in the community for other health-related concerns, or the emergency room if required.

3.6 Overdose Prevention

Naloxone, a medication that is used to prevent overdose from opiates, will be kept on site and LMPHW staff will be trained in the appropriate administration should it be necessary for a participant who is on site. Overdose education will be provided to participants and their family and friends regarding the identification of the signs of overdose and how to respond. Participants asking for naloxone will be referred to the Metro Louisville Harm Reduction Taskforce.

3.7 Building Staff Capacity

Staff and volunteers should be trained annually, and their knowledge and performance routinely assessed. The training components are divided into basic training and advanced training and include the following components:

Basic Training

- Standard Operating Procedures
- Referral to medical, substance abuse treatment, behavioral health, other services agencies
- Cultural sensitivity
- Overview of neighborhood concerns
- Outreach strategies
- HIV and viral hepatitis transmission and prevention
- Overdose prevention
- Syringe safety/disposal
- Plan for accidental needle sticks
- Legal and law enforcement climate

Advanced Training

- Polysubstance Use
- Conflict resolution and de-escalation
- Specialized interviewing techniques (e.g. motivational interviewing)
- Principles of case management
- Abscess and cellulitis treatment and prevention
- Domestic violence issues
- Co-occurring behavioral health and substance use disorders

The Harm Reduction Coalition of New York will provide four-day training for LMSEP staff and community partners on May 26, 2015 to May 29, 2015. The approach will be a train the trainer model for on-going capacity building. To assure competency, all staff members and volunteers must complete the course of training as appropriate to their level of involvement in program activities.

3.8 The Model of Service Delivery

The LMPHW will operate and provide oversight of the LMSEP. Community partners' staff members and volunteers will perform significant roles relevant to the services provided. Syringe access/needle exchange services may be provided through fixed sites, venues, street-outreach, community events, and satellite access. LMPHW will operate a site at its downtown campus and the community partners will provide street-level services during the initial program allowing the potential for future expansion.

Preliminary operating hours are Monday, Friday, and Saturday from 11:00am until 2:00pm and Tuesday, Wednesday and Thursday from 3:00pm until 6:00pm. The preliminary location is on East Gray Street. These are flexible times and may change depending on the need of the potential community participants. This site will provide syringes, HIV testing and prevention supplies, as well as education regarding hepatitis C transmission, sexually transmitted diseases, wound care, and proper syringe disposal. Referrals will be made for those who have tested HIV positive as well as those seeking drug treatment, and other health and social services. Participants asking for overdose prevention drugs will be referred to the Louisville Metro Harm Reduction Taskforce who provides naloxone along with education about proper use. Syringes will be made available regardless of whether the client has needles to exchange. However, clients will be strongly encouraged to return their used syringes. Access to these services is voluntary and at the participant's request. A *Participant Rights and Responsibilities* form (please see Appendix A) will be reviewed with each participant at the time of program enrollment.

The Volunteers of America will provide street-level outreach. The staff members will move from place to place or group to group in an effort to promote and extend the reach of services. Street-outreach services may increase access to syringes for people who inject drugs. An important strategy for pedestrian services is to develop rapport and credibility with participants and refer them to the fixed site where a broader range of services will be provided.

All materials used in LMSEP will be provided by LMPHW including educational and health promotional materials. LMPHW will provide training for all staff members and volunteers.

3.9 Waste Management

Following OSHA rules and regulations regarding waste management, used syringes will be disposed of accordingly. Any pre-existing contracts that provide for waste management will be continued and expanded when necessary. LMSEP will accept syringes from program participants only. LMSEP outreach workers will drop off used syringes in biohazard containers at Family Health Centers, Inc. and Louisville Metro Department of Public Health & Wellness sites.

Participants will be trained on how to safely store syringes using a sharps container until returning them for exchange. Staff will be trained on how to assure the safe disposal of syringes.

IV. EVALUATION AND MONITORING

Evaluation ensures that program objectives are met and provides information that assists in program and policy development. Monitoring of the program occurs primarily through measuring achievement of program outcome objectives.

Evaluators will conduct a range of evaluation techniques, including analysis of program outcome objectives and participant surveys to inform future planning, development and implementation of LMSEP.

Key data sources for quality improvement include quarterly reports, periodic surveys of LMSEP participants, and epidemiological data in relation to drug treatment referrals, HIV, hepatitis C and other blood borne infections.

4.1 Outcome Objectives

Numerous studies have concluded that syringe programs are effective at reducing new HIV infections and other blood-borne infections eliminating the need to measure that outcome directly. However, it is important to measure the breadth of access to clean syringes knowing that the more access IDUs have to clean syringes the less likely they will be to share.

Long term Objectives

- HIV status awareness (e.g., percentage of participants receiving HIV testing as a result of our program)
- Linkage and reengagement in care (e.g., percentage of HIV positive participants re-linked or reengaged in care as a result of our program)
- Linkage to treatment
- Changes in drivers of HIV (e.g., reduction in substance abuse and reduction in sexual risk behavior)
- Decrease in the number of intravenous drug users in Louisville Metro

Intermediate Objectives

- Increase knowledge of health education and promotion (e.g., safer injection, overdose prevention)
- Referrals (e.g., percentage of participants accessing HIV/HCV/STI testing or treatment, housing referrals, referrals for drug treatment, etc. as a result of the program)
- Needle-sharing and/or sexual risk behavior change

Short term Objectives

- Number of syringes distributed
 - Number of contacts or participants
-

4.2 Data Collection

The data collected by the evaluators are an important source of information to measure the overall access of LMSEP services and to plan effective service delivery. LMPHW will manage and maintain all LMSEP data.

A data intake form, also called an enrollment form, will collect some demographic data on all participants. It has two parts: one the participant has to complete and the other the staff member will complete (see Appendix B). However, participants can decline to register in which case the staff member will complete his/her portion of the form only.

Community partners participating in LMSEP are responsible to collect data on services in accordance with the above mentioned requirements. Data should be provided to LMPHW weekly electronically. All original Participant Enrollment Forms will be available to LMPHW upon request. It is recommended to maintain copies of these documents on file for at least 5 years. These documents should be kept in accordance with security precautions for ensuring confidentiality of records.

LMSEP will keep a running log/file of all staff and volunteers who work in the program and it will be available to LMPHW upon request.

Cost

It is important that cost efficiency measures are taken. Geographic and demographic factors influence the cost of service provision and costs per unit of service will vary depending on where and how SEPs operate. However, the program will assess the cost per unit of sterile injection equipment distributed on an annual basis and monitor expense patterns over time. (Please see Appendix C for current budget.)

Changes to Service Delivery

Planning and evaluation processes may result in the need to make changes to service delivery. Factors that will impact changes to service delivery may include participant demand, shifting patterns of drug use, and access and equity issues. All alterations to services will involve participant and stakeholder consultation.

4.3 Participant Feedback

LMSEP services must have a procedure for participants to provide feedback and suggestions and/or make complaints. Feedback or complaints-handling systems are an important element of quality participant service that can:

- Assist in identifying necessary improvements;
- Provide an opportunity to give service and satisfaction to dissatisfied customers;
- Provide an opportunity to strengthen support for agencies; and
- Give participants the opportunity to have complaints considered through a clearly defined grievance process.

V. CONCLUSION

The Syringe Exchange Program (SEP) is a proven, effective model for preventing disease. SEP prevents blood-borne pathogens and leads intravenous drug users into treatment. The Louisville Metro Department of Public Health and Wellness and community stakeholders recognize this opportunity as a step forward to protect the health of the community. The Louisville Metro Syringe Exchange Program provides a gateway to help individuals who struggle daily with drug abuse and addiction.

These operating guidelines will be reviewed and updated annually by the Louisville Metro Department of Public Health and Wellness in collaboration with community stakeholders.

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APPENDIX A –**Participant Rights and Responsibilities**

DEPARTMENT OF
**PUBLIC HEALTH
AND WELLNESS**

Louisville Metro Syringe Exchange Program (LMSEP)**Rights**

- Clients will be treated with respect and dignity regardless of race, ethnicity, sex or gender expression, sexual orientation, national origin, religion, class, medical status, or physical or mental ability. We strive to create a safe place free from violence, threats and hateful language.
- Clients have the right to an active role in the LMSEP decision-making process through the Participant Advisory Board.
- Clients will receive available services, supplies, information and education. We strive for prompt service and to offer as many syringes as needed to assure safer conditions.
- Clients will be respected and have the right to privacy. Clients will be asked to provide a unique identifier so that services can be tracked for reporting and funding accountability.
- Clients will be provided confidential case management upon request.
- Clients have the right to grieve any concerns that occur during the LMSEP operating hours. Grievances are submitted through the use of a grievance form and reviewed by a committee of staff management who collectively decide how to address the grievance. If the decision is not satisfactory, clients may submit a written appeal to the LMSEP Medical Director. Grievance forms will be kept in the reception area.

Responsibilities

- Clients will be responsible for the syringes they are given and to return used syringes to LMSEP in safe disposable containers.
 - Clients will treat staff, interns, volunteers and community members with courtesy and respect without physical, sexual, verbal and/or emotional abuse, threats or intimidation.
 - Clients will keep the area safe and refrain from engaging in any drug activity that puts LMSEP at risk of closure.
 - Clients will not buy, sell or loan money or property while on the premises.
 - Clients will protect the confidentiality of other participants encountered while participating in LMSEP.
 - Clients will take only what is needed and dispose of used materials and supplies properly.
 - Clients will clean up drug-related waste in the community and bring needles gathered off the street to LMSEP.
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APPENDIX B – Enrollment Form



DEPARTMENT OF PUBLIC HEALTH AND WELLNESS

Syringe Exchange Program (SEP) Intake / Enrollment Form

Participant Basic Information

ID Code:

Name Initials: ____

Mother's Name Initials: ____

Gender: ☐ M ☐ F ☐ Transgender - ID Female ☐ Transgender - ID Male

Birth Month: _____

Birth Year: _____

Zip Code: _____ *If homeless, please enter 99999 or zip code where you spend most time*

Sexual Orientation:

☐ Straight/Heterosexual ☐ Gay/Lesbian ☐ Bisexual ☐ Questioning ☐ Declined

Hispanic: ☐ No ☐ Yes

Race:

☐ White ☐ Black/African American ☐ Asian ☐ Native American ☐ Pacific Islander

☐ Other: _____

Are you employed? ☐ No ☐ Yes

Health Insurance, if any:

☐ Medicaid ☐ Medicare ☐ Private/Commercial ☐ Other: _____

Drug of Choice:

☐ Heroin ☐ Other Opioids ☐ Cocaine ☐ Methamphetamine ☐ Other: _____

of times you inject per day when you use: ☐ 1-2 ☐ 3-4 ☐ 5 or more

Please tell us how you heard about this program?

☐ Friends/Family ☐ Health Department ☐ Hospital/PCP ☐ Social Worker

☐ Public Media ☐ Treatment Center ☐ Other: _____

Staff/Peer Name: _____ Date: ____ / ____ / ____

ID Code instruction: first and last name initials [2], mother's first and last name initials [2], DOB (MMYY) [4], Race (W: White, B: Black, A: Asian, N: Native American, P: Pacific Islander, O: Other) [1] and Hispanic (Y: Yes, N: No) [1].



DEPARTMENT OF PUBLIC HEALTH AND WELLNESS

Syringe Exchange Program Staff Check List

Patient ID Code:

Service/Activities *Check off information or IDI conveyed during encounter*

- ☐ Welcoming participant to LMSEP
- ☐ Patients' bill of rights and responsibilities
- ☐ Provided information about LMSEP, and all the other services available at LMPHW
- ☐ Educated about legal consequences of syringe exchange
- ☐ Discussion of proper used needle disposal
- ☐ Personalized risk assessment
- ☐ Discussion/practice of IDU risk reduction, safer use and wound care
- ☐ Discussion of viral hepatitis and prevention
- ☐ Discussion of HIV/AIDS transmission and prevention
- ☐ Discussion of available STD counseling and testing
- ☐ HIV testing and referral if positive
- ☐ Discussion of sexual risk reduction and condom use
- ☐ Discussion of overdose prevention and naloxone
- ☐ Drug treatment referral
- ☐ Referred for other social services
- ☐ Discussion of medical insurance options
- ☐ Discussion of human trafficking risk
- ☐ # of syringes provided: _____
- ☐ # of syringes collected: _____

Below questions are only for RETURN participant

of times this participant injects per day when he/she use: ☐1-2 ☐3-4 ☐5 or more

Dose this participant recently gain health insurance coverage (within 7 days)? If yes:

☐Medicaid ☐Medicare ☐Private/Commercial ☐Other: _____

Staff/Peer Name: _____ **Date:** ____ / ____ / ____

ID Code instruction: first and last name initials [2], mother's first and last name initials [2], DOB (MMYY) [4], Race (W: White, B: Black, A: Asian, N: Native American, P: Pacific Islander, O: Other) [1] and Hispanic (Y: Yes, N: No) [1].

APPENDIX C - Louisville Metro Department of Public Health and Wellness
Estimated Budget for Syringe Exchange Program June 1, 2015 – May 31, 2016

Item	Cost	Notes
Personnel Expense		
Substance Abuse Counselor	\$60,500	Salary and Fringe Benefits
Administration/Supervision	12,000	
Contractual Expense		
Volunteers of America Louisville Metro Harm Reduction Taskforce	40,000	Includes 20 hours per week for outreach services, administration and supervision, and increase in insurance coverage
Supplies Expense		
Syringes	50,000	For ~500 individuals@ 4 syringes per day
IDU Supplies	10,000	
Pregnancy Tests	100	Dipstick "at home" pregnancy test
Educational Materials	3,000	For clients – pamphlets and brochures
ID Cards	1,000	Simple cards to give clients ID numbers
Office Supplies	1,000	
Cell Phone	800	
Laptop Computer w/Wi-Fi and Printer	2,500	
Training Expense	5,000	LMPHW staff, LMPD, EMS, NP, Counselors, Treatment Facilities
Local Travel Expense	1,000	
Other Expense		
Disposal of Syringe	3,000	
RV Maintenance, Set-up and Electricity	30,000	
Advertising and Promotion	5,000	
In-Kind Contributions		
Condoms		HIV Prevention Funds
Naloxone		Provided by Harm Reduction Group through referral
HIV Tests, testing, and personnel		HIV Prevention Funds
Total Expenses	\$224,900	
