Syringe Exchange Programs: Getting Started

Matt La Rocco, BS, CADC
Harm Reduction & Community Outreach Specialist
Louisville Metro Syringe Exchange Program
Workshop Overview

• LMSEP Year One Data, “How To” of Syringe Exchange, Q & A
• Questions are welcome
• Syringe Access can be a sensitive subject ... be aware of how you feel and how others might feel
• PUSH
Glossary

• PWID—People Who Inject Drugs
• PWUD—People Who Use Drugs
• SAS – Syringe Access Services
• SEP – Syringe Exchange Program
13,033 Total Visits

- 3,679 New Clients
- 1,729 Return Clients (47% Returned)
- 245,630 Syringes Collected (67% Returned)
- 415,978 Syringes Provided
SEXUAL ORIENTATION

- **90.82%**: Straight/Heterosexual
- **4.08%**: Gay/Lesbian
- **5.04%**: Bisexual
- **0.06%**: Questioning
HISPANIC

Yes: 2.33%
No: 97.67%
35.00% Yes  
65.00% No  
EMPLOYED
REFFERAL SOURCE

- Friends/Family: 68.71%
- Public Media: 21.88%
- Treatment Center: 1.24%
- Other: 6.77%
**SERVICES SUMMARY**

- **Hepatitis C testing**
  - 3.78% (139)
    - Tested Hep C preliminary positive in LMSEP
  - 5.52% (203)
    - Referred for Hepatitis C treatment

- **Drug treatment referral**
  - 5.95% (219)

- **HIV testing**
  - 10.22% (376)
    - Tested HIV preliminary positive in LMSEP
  - 0.05% (2)
    - Referred for HIV treatment
  - 0.27% (10)
Planning for Syringe Access Programs

*By failing to prepare, you are preparing to fail.*
Benjamin Franklin
Plan with the Right People

You can increase the success of your SEP by engaging community stakeholders in the planning process.

Planning for the LMSEP started with a meeting of a wide range of community stakeholders.
Plan with the Right People

AIDS Interfaith Ministries of Kentucky
Board of Health
Center for Behavioral Health
COPES, INC
Family Health Centers
Kentuckiana AIDS Alliance
Kentucky Department for Public Health
HIV Prevention
Kentucky Harm Reduction Coalition
Louisville Metro Emergency Medical services
Louisville Metro Dept. of Corrections

Louisville Metro Dept. of Public Health and Wellness
Louisville Metro Police Department
Seven Counties/ JADAC
University of Louisville 550 Clinic
University of Louisville School of Medicine
University of Louisville School of Nursing
University of Louisville School of Public Health
VOA, Midstates
Walgreens
Plan with the Right Information

Good data drives good programming.

Gather data from EMS, Police Department, Hospitals, and providers of HIV testing & treatment.

Statistics on overdose rates/locations, Naloxone use, arrests for drug related crimes, Hepatitis C rates, and HIV rates.
Plan with your Population

PWID are your best source of information for what services your program needs to provide, what barriers may keep PWID from coming to your program, and what supplies you need to have at your program.
Plan with your Population

PWID are experts on their lives ... we are not.

The focus groups conducted by the LMSEP with male and female inmates at Louisville Metro Jail provided us with information that allowed us to avoid costly missteps.
Plan with the Law

It is easier to ask for forgiveness, than it is for permission ... doesn’t work with SEPs.

There are Federal, State, and Local regulations for SEPs.

It’s important that you are aware of how these regulations affect your program.
Federal Regulations

At the end of last year, Congress partially lifted the ban on spending federal funds for SEPs.

Federal funds may now be used for SEP staff and supplies, with the exception of purchasing syringes.
Federal Regulations

Federal grants may still have stipulations on spending funds on SEPs.

It’s best to ask for permission to use federal funds from grants for SEP supplies and staff prior to using funds.
Eleven states have deregulated the sale or possession of syringes in an effort to reduce the spread of blood borne diseases (Connecticut, Hawaii, Maine, Minnesota, New Hampshire, New Mexico, New York, Oregon, Rhode Island, Washington and Wisconsin).

Regulations concerning possession of syringes and syringe access programs vary from state to state.
Kentucky Regulations

S.B. 192 Section 18 (2)
It is unlawful for any person to use, or to possess with intent to use, drug paraphernalia for the purpose of planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packing, repacking, storing, containing, concealing, injecting, ingesting, inhaling, or otherwise introducing into the human body a controlled substance in violation of this chapter.
Kentucky Regulations

S.B. 192 Section 18 (5) (c)

Items exchanged at the program shall not be deemed drug paraphernalia under this section while located at the program.
Kentucky Regulations

S.B. 192 Section 18 (6) (a)

Prior to searching a person, a person's premises, or a person's vehicle, a peace officer may inquire as to the presence of needles or other sharp objects in the areas to be searched that may cut or puncture the officer and offer to not charge a person with possession of drug paraphernalia if the person declares to the officer the presence of the needle or other sharp object. (cont)
If, in response to the offer, the person admits to the presence of the needle or other sharp object prior to the search, the person shall not be charged with or prosecuted for possession of drug paraphernalia for the needle or sharp object or for possession of a controlled substance for residual or trace drug amounts present on the needle or sharp object.
Kentucky Regulations

S.B. 192 Section 18 (6) (b)

The exemption under this subsection shall not apply to any other drug paraphernalia that may be present and found during the search or to controlled substances present in other than residual or trace amounts.
State Regulations

States may also regulate what type of SEP you are allowed to facilitate and outline specific guidelines for approval of programs at a state, county, and city level.

State regulations may or may not clearly define the “Who, What, When, Where, and How” of SAS.

S.B. 192 limits the facilitation of SEPs to health departments and requires the approval of the legislative body of the city and county, as well as approval of the local board of health.
City & County Regulations

City & County regulations also define the “Who, What, When, Where, and How” of Syringe Access.
Developing Community Partnerships

Community partnerships are a necessary for SEPs to meet their full potential in the community.

Helps to open doors for access into communities that would otherwise be inaccessible.
Developing Community Partnerships

Increased opportunity for funding and expansion of services.

Reduces the harms associated with drug use for people who don’t use drugs.
Law Enforcement

Understand how SEPs connects with law enforcement values.

Develop relationships with leadership & officers on the street.

Participate in mandatory annual trainings & cadet training.
Hospitals

Improved interactions between PWUD and hospital staff should lead to a decrease in acute care and an increase in preventative and ambulatory care.

Provides hospitals with an additional referral source for PWID.

Opportunity to discuss how hospital staff is impacted by addiction as professionals.
Academic Community

Provides a safe space for students to develop a new perspective on PWUD and approaches to working with them.

Recruitment of volunteers.

Opportunities to partner in data collection and research.
Pharmacies

Access point for SAS.

Syringe Drop-Off Sites

Opportunity to provide Harm Reduction education to staff.

Source of referrals for your program.
Community Based Organizations

Combined resources allows for expanded outreach.

Increased access to funding opportunities.

Shared resources allows for expanded services.

Ambassadors for SAS in the community.
Q & A

Matt La Rocco, BS, CADC
Harm Reduction & Community Outreach Specialist
Louisville Metro Syringe Exchange Program
Matthew.LaRocco@LouisvilleKy.gov
502-574-6545