FOIA Number: 2018-0758-F

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member: Todd Summers

Subseries:

OA/ID Number: 21080

FolderID:

Folder Title:
Issues - Needle Exchange Programs - New York State

Stack:	Row:	Section:	Shelf:	Position:
S	66	6	3	3

You Know What I'm Saying

A close look at a Bronx organization that is fighting the spread of AIDS through needle exchange

For 10 years, the leading cause of the spread of AIDS has been through the sharing of syringes by injection drug users. This documentary engages viewers with the stories of a Bronx-based community organization that is fighting the spread of AIDS through programs including needle exchange. By focusing on one community's struggle against AIDS, poverty and the hostility of a larger society, this timely documentary offers audiences a new perspective on the war against this deadly disease. Excellent film for public health departments, substance abuse clinics, and needle exchange programs.

Silver Apple, NEMN
1999 National AIDS Update Conference
Selected for a special conference screening of the best new AIDS related media

Excellent Teaching Film for

- Public Health Departments
- Needle Exchange Programs
- Community Public Health Groups
- Substance Abuse Counselors

"Right On! Because this video keeps it real it shows clearly that it's from a harm reduction perspective."
-Bertha Jean De' Oliveira-Schmidt
Santa Rosa, TX Methadone Program

"Beautifully filmed — great balance of political issues and the human face of drug users. This video looks at people as individuals, not the enemy!"
-Dr. John D. Hyter, Total Care Consulting

"Well put together; I see people lose friends and family to AIDS from dirty syringes everyday and I still got tears in my eyes."
-Daliah Heller
CitiWide Harm Reduction, New York, NY

"Really informative and educational and also emotional."
-Karen Klamka
Raven Project Eureka California

Save more than $40
if you purchase by June 1st

Regular price ~~$140~~, Special price $99

Order Form - You Know What I'm Saying

Call, fax or mail this form to
Aquarius Health Care Videos

Free Preview (2 weeks to review)
❒ Free Preview $N/C

Yes, I would like to purchase
❒ ___ copies of *You Know What I'm Saying* x $99 : $_____
+ shipping $9
Total Enclosed: $_____

Payment Options
❒ Purchase Order #_____
❒ Credit Card ❒ MC ❒ Visa ❒ Discover
Card #_____ Exp. Date_____
Signature_____
❒ Make check payable to *Aquarius Health Care Videos*

BILL US AT:
Name_____
Title_____
Organization_____
Address_____
City, State, Zip_____
Phone_____
Fax_____

SHIP OUR VIDEOS TO:
Name_____
Title_____
Organization_____
Address_____
City, State, Zip_____
Phone_____
Fax_____
❒ Please send me an Aquarius catalog.
❒ Please send me Aquarius Email Club news updates to:
Email Address:_____

Aquarius Health Care Videos • 5 Powderhouse Lane, PO Box 1159
• Sherborn, MA 01770 • 508-651-2963 • Fax: 508-650-4216
• www.aquariusproductions.com • Email: aqvideos@tiac.net

A new perspective on the war against this deadly disease

"Wonderfully well-crafted"
-Kim Mucherson, HIV Law Project

"It's a much needed piece. I think it can open many eyes."
-Elvis Rosado
Parternship for the People, Philadelphia, PA

"Very touching and real. You have a good range of people and balance of drug users and politicians."
-Lauren Katzman,
student at Oberlin College

Aquarius
HEALTH CARE VIDEOS
In Harmony with the Heart

For a catalog with the latest videos on AIDS issues, call 508-651-2963 or return the form on the inside panel to Aquarius

Before It's Too Late
Interviews and performances by the AIDS Theatre Project

AIDS: The Heart of the Matter
Profiling one man's five year battle with AIDS

Teaching Kids About AIDS
Dispelling myths and providing children with the most accurate information

The latest videos in AIDS Education

TODD SUMMERS
OFFICE OF NATIONAL AIDS POLICY
736 JACKSON PLACE NW
WASHINGTON DC 20503-0007

UC4-99

BULK RATE
US POSTAGE
PAID
PERMIT #7
ASHLAND MA

Aquarius
HEALTH CARE VIDEOS
5 Powderhouse Lane, PO Box 1159
Sherborn, MA 01770

New!

You Know What I'm Saying

A close look at a Bronx organization that is fighting the spread of AIDS through needle exchange

Save more than $40 if you purchase by June 1, 1999

Regular price ~~$140~~, Special price $99

Aquarius
HEALTH CARE VIDEOS
In Harmony with the Heart

STATUS OF SYRINGE EXCHANGE/HARM REDUCTION PROGRAMS IN NEW YORK STATE

Briefing Paper

AIDS Institute
New York State Department of Health
September 1997

CONTENTS

1. Background 3

2. The Harm Reduction Model 3

3. Support for the Harm Reduction Approach 4

4. Objectives of the Harm Reduction Initiative 5

5. The New York State Harm Reduction Initiative 6
-The Role of the AIDS Institute 6
-The Role of AmFAR 7
-The Role of NYS Authorized Syringe Exchange Programs 8
-The Role of Beth Israel Medical Center 9

6. Program Evaluation Data 11

7. New York State Funding of the Harm Reduction Initiative 13

8. Future Directions 14

9. NYS Authorized Syringe Exchange Program Profiles 15

THE NEW YORK STATE HARM REDUCTION INITIATIVE

1. BACKGROUND

New York State has approximately 250,000 injection drug users (IDUs) with 50% of them believed to be HIV-infected. Data on AIDS cases through September 30,1997 show a cumulative total of 117,019 cases reported to the NYS AIDS Registry; 56,428 of these among IDUs, accounting for 46% of reported NYS AIDS cases. An additional 3,662 AIDS cases -- 3.2% of the total reported -- are among men reporting both injection drug use and sex with men as risk factors. The female sexual partners of male IDUs, who do not themselves use injectable drugs, make up the largest group of AIDS cases attributed to heterosexual transmission in NYS. Of the 1,890 AIDS cases in NYS reported through September 30,1997 among children under the age of thirteen, over 70% acquired their infections through maternal HIV transmission from mothers primarily infected through personal injection drug use or through sexual contact with an injection drug user.

Drug rehabilitation and treatment programs provide a structured environment in which drug abstinence and HIV risk reduction behaviors can be taught. There are, however, several significant problems with reliance on drug treatment as the sole approach to reducing HIV transmission among this population:

- many substance users do not want to enter treatment;
- drug treatment is currently available for less than 25% of those who inject drugs;
- drug addiction is a chronic, relapsing condition. Users often continue or relapse into injection drug use while in treatment;
- methadone maintenance, the most available treatment modality, addresses heroin addiction. However, as many as 60% of heroin users also inject cocaine.

2. THE HARM REDUCTION MODEL

The term "harm reduction" is used to describe an intervention which seeks to attain the maximum level of behavioral risk reduction in those cases in which absolute risk elimination is not a current option. Complete risk avoidance, such as the cessation of injection, is recognized as the highest goal in a hierarchy of health and social interventions. However, interventions which are consistent with the individual's wishes and abilities at the time, and which reduce the risk of HIV transmission, are a legitimate public health strategy.

Within the harm reduction model, a client who will not or who cannot enter treatment, or who cannot abstain from substance use, is provided the means to reduce the risk of HIV infection and other harm to himself/herself and his/her partners. These include the provision of new injection equipment; instructions on sanitary precautions to take when injecting drugs; information on the importance of avoiding needle sharing; and the provision of condoms, dental dams, and bleach kits with instructions on their proper usage.

Harm reduction is a developmental process, which seeks, over time, to increase the level of personal risk reduction, with the ultimate goal of complete risk elimination. It also recognizes the importance of working with the client at his or her level of acceptance of the interventions. Consequently, the development of positive relationships with clients, and introducing prevention information, counseling, and other supports in a client-oriented, incremental fashion is an important aspect of the overall approach. For some clients, movement through the risk reduction hierarchy may occur swiftly. For others, there may be a substantial lag.

The provision of new needles to active injection drug users is only one part of a comprehensive program of HIV prevention education which also includes:

- a non-judgmental, client-centered approach to service provision;
- education and counseling on risk reduction practices related to sexual and drug-using behaviors;
- distribution and demonstration of safer sex materials, including condoms and dental dams;
- distribution and demonstration of safer injection equipment (bleach kits), including alcohol pads, clean cotton, and bottles of bleach and water; and
- direct provision of or referrals to HIV counseling and testing, primary health care, substance use interventions and services, including but not limited to detoxification and drug treatment, legal, housing, and other services.

3. SUPPORT FOR THE HARM REDUCTION APPROACH

Harm reduction has gained broad public support and has been endorsed by such groups as the:

- National Commission on AIDS
- New York State AIDS Advisory Council
- American Public Health Association
- American Medical Association
- New York Academy of Medicine
- Latino Commission on AIDS
- Black Leadership Commission on AIDS
- New York State Association of Substance Abuse Programs
- New York City Department of Health
- New York State Office of Alcohol and Substance Abuse Services

As of April, 1996 at least 86 syringe exchange programs existed in 25 States including Puerto Rico.

About half of these programs are legally sanctioned. In March 1993, the U.S. General Accounting Office (GAO) issued a report regarding syringe exchange, characterized by the Centers for Disease Control and Prevention (CDC) as being "generally quite positive in its interpretation of the research on syringe exchange programs as an AIDS prevention strategy." The GAO also endorsed the seroconversion forecasting model used by the New Haven syringe exchange program. Over fifty studies have been released in the United States and abroad, evaluating the effectiveness of syringe exchange outreach. The New York State syringe exchange programs have been evaluated by the Beth Israel Medical Center's Chemical Dependency Institute. The researchers found a 1.6 percent rate of HIV seroconversion per year among program participants, compared to rates of 4 to 8 percent in studies of high frequency injectors not in exchange programs. Syringe exchange programs in New York State are associated with and may be responsible for at least a 50 percent and possibly as much as a 75 percent decline in rates of new HIV infection.

4. OBJECTIVES OF THE HARM REDUCTION INITIATIVE

The primary objectives of the harm reduction initiative targeted to active drug users include:

- increased awareness and adoption of effective risk reduction strategies among program participants;
- increased access to health, drug treatment, and social services for program participants through referrals to other providers;
- a high return rate of program syringes; and
- a decrease in the HIV seroconversion rate among program participants.

5. THE NEW YORK STATE HARM REDUCTION INITIATIVE

The AIDS Institute Harm Reduction Initiative was formally established in the Spring of 1992. The AIDS Institute is responsible for ongoing regulatory oversight of the approved syringe exchange programs (SEPs). The AIDS Institute's Harm Reduction Unit reviews all syringe exchange applications submitted to the Department of Health, provides ongoing monitoring and oversight of the approved SEPs, and works with these programs to plan an effective and coordinated response to reducing the spread of HIV among injection drug users.

- The Role of the AIDS Institute:

The AIDS Institute has played a leadership role in the following areas:

- promulgating regulations for the implementation and operation of syringe exchange programs in New York State;

- monitoring the operation of the programs and providing oversight in accordance with New York State regulations;

- serving as a liaison between law enforcement agencies and the programs;

- serving as a liaison between City and State officials, including representatives from the New York City Department of Health, Office of the Mayor, the Office of Alcohol and Substance Abuse Services (OASAS), and community organizations and activists to address their concerns over the introduction of syringe exchange;

- implementing a protocol for handling occupational exposure;

- in consultation with the State Department of Environmental Conservation, developing hazardous waste disposal procedures;

- reviewing and processing new applications from agencies seeking to operate syringe exchange programs in accordance with the guidelines set forth in the regulations;

- assisting community-based organizations with developing and submitting applications to operate syringe exchange programs;

- hosting scheduled network meetings with representatives from NYS authorized syringe

exchange programs, the New York City Department of Health, and the American Foundation for AIDS Research (AmFAR) to discuss syringe exchange program operation issues;

- serving as a liaison between programs and the community, including community boards and owners of businesses in neighborhoods where programs are located;

- providing contractual oversight and technical assistance in organizational systems, program development, and data collection and analysis; and

- providing information about the harm reduction initiative in conferences and meetings with other AIDS service providers, community health centers, and substance abuse treatment programs.

- The Role of AmFAR:

The New York State Department of Health AIDS Institute and the American Foundation for AIDS Research (AmFAR) have formed a unique partnership to coordinate and support the implementation of syringe exchange programs within the context of the harm reduction model. AmFAR, a co-applicant on the first five agencies authorized to provide syringe exchange services, has a contract to purchase, store, and distribute harm reduction supplies for all authorized syringe exchange programs.

AmFAR's role has focused on the following areas:

- distributing supplies and materials to the programs and maintaining inventory controls;

- collaborating with the AIDS Institute on the provision of technical assistance to the programs;

- funding a three year program evaluation study, conducted by the Beth Israel Medical Center's Chemical Dependency Institute directed at outcome measures, i.e. behavioral change and seroconversion rates; and

- coordinating efforts to inform and educate other government and private organizations on harm reduction and syringe exchange.

- The Role of the NYS Authorized Syringe Exchange Programs:

There are currently twelve State-authorized syringe exchange programs:

- Association for Drug Abuse Prevention and Treatment (ADAPT)
- AIDS Rochester, Inc.
- Buffalo General Hospital
- Bushwick Community Service Society/Comrades In Arms
- CitiWide Harm Reduction Program of La Resurreccion United Methodist Church
- Foundation for Research on Sexually Transmitted Diseases (FROST'D)
- Housing Works
- Lower East Side Harm Reduction Center (LESHRC)
- New York Harm Reduction Educators, Inc.
- Positive Health Project (PHP)
- St. Ann's Corner of Harm Reduction (SACHR)
- Urban League of Westchester

Letters of intent to operate a syringe exchange program have been received from Syracuse AIDS Community Resources, and Musica Against Drugs in Brooklyn.

Programs employ street outreach and utilize various settings for the provision of services, including vans, street-based fixed sites, storefronts, single room occupancy (SRO) hotels, walk-about teams, and institutional settings. These programs rely heavily on volunteers.

The twelve approved syringe exchange programs have focused on the following activities in conjunction with their syringe exchange/harm reduction efforts:

- transitioning operations from underground, informal, and limited program design to a structured, formalized public health outreach program;

- training staff and volunteers on the regulations and policies and procedures;

- developing reciprocal referral agreements with substance abuse treatment programs, community health centers, AIDS service providers, and other community-based organizations;

- working within their communities to broaden support for syringe exchange and harm reduction models through public forums, participating in community events, and meeting with local community boards;

- educating members of the New York State legislature on the harm reduction approach;

- organizing user advisory groups to elicit participant input in program policies, location and hours of operation and Community Advisory Boards to assist in developing and implementing program policies;

- integrating harm reduction activities and syringe exchange as part of the organization's services;

- working closely with the AIDS Institute and AmFAR to strengthen support and linkages with law enforcement officials and local police precincts.

- The Role of Beth Israel Medical Center:

In 1992, AmFAR awarded a contract to the Chemical Dependency Institute of Beth Israel Medical Center to conduct a three-year evaluation study of syringe exchange programs in New York City. In 1993 the New York State Department of Health expanded this research project by funding the Beth Israel Medical Center to conduct a comprehensive evaluation of Buffalo Columbus Hospital (now Buffalo General Hospital) and AIDS Rochester, Inc.

The ethnographic component of the evaluation describes how the programs actually function in terms of service delivery, administrative and decision-making structures, and their relationships with the communities in which they operate. This component also documents how programs that originally operated underground made the transition to legal status. The second part of the evaluation identifies and analyzes operational issues and decisions made by syringe exchange program staff and their effects on the operation of the exchanges.

The Beth Israel evaluation measures rates of HIV risk behaviors and HIV seroconversion among

program participants. Interviews have been conducted with program participants to collect self-reported data on behavior changes, and HIV seroconversion rates have been determined by testing saliva samples of participants for HIV-antibodies at different intervals throughout the evaluation.

6. PROGRAM EVALUATION DATA

Information concerning the status of syringe exchange program operations and the extent to which they are achieving their objectives is being gathered through three primary routes:

- on-site monitoring by AIDS Institute staff;
- ongoing program operation data collection and analysis by the AIDS Institute;
- ethnographic surveys, data collection and serological testing conducted by the Beth Israel Medical Center, under contract with the American Foundation for AIDS Research and the AIDS Institute. This study is now completed and published. Research continues funded by the AIDS Institute.

The Institute has worked with the programs to establish data reporting systems which provide a basis for process evaluation. Data elements include the number and characteristics of program participants, the number of syringes distributed and collected, and the number and types of referrals to health and human services.

Briefing Paper
Status of S.E./H.R.
Page 12

Highlights of Data

A. Process Evaluation

- **Number and demographics of program participants*** (through 09/30/97):

Number Enrolled	Male	Female	AA	Hisp.	White
58,538	71%	24%	28%	42%	25%

Of the total number of participants enrolled 35% are between the ages of 30-39 and 39% between the ages of 40-49.

*Totals may not equal 100% due to rounding or missing data.

- **Selected characteristics** (Beth Israel study sample, n=3436):

-	ever in prison/jail:	74%
-	mean years injecting:	17.2
-	history of drug treatment:	79%
-	currently in drug treatment:	47%

- **Referrals to Services** (07/92 - 09/97):

-	to substance use treatment:	6,074
-	to Detox:	5,322
-	to HIV testing:	2,233
-	to Health Care:	5,400
-	Other (housing, legal, social)	7,979

Total referrals (inclusive of categories not listed): 31,302

B. Outcome Evaluation

- **Behavior change** (participant n=3436):

- Borrowing used syringes:

pre-participation:	707/21%
post-participation:	266/8% (62.4% reduction)

- Buying or renting syringes:

pre-participation:	490/15%
post-participation:	119/4% (75.7% reduction)

- Frequency of drug injection:

monthly/prior to using SEP:	96.7%
monthly/in last 30 days of interview:	89.1%

- Alcohol pad use:

pre-participation:	1079/33%
post-participation:	2897/89%

- **Seroconversion** (saliva testing for HIV antibodies):

The saliva samples collected in a two-year period indicate a new infection rate of 2% per year among the syringe exchange program participants. Other studies of high frequency drug injectors in New York (not enrolled in an SEP) have shown new infection rates of 4% - 8%.

7. NEW YORK STATE FUNDING OF THE HARM REDUCTION INITIATIVE

Current funding for the harm reduction/syringe exchange initiative includes $1,500,000 of State funds, $540,000 of Health Research Incorporated/ Centers for Disease Control and Prevention funds, and $775,000 of Medical Health Resources Association/Title I funds. CDC funds provide for supportive services such as: HIV prevention education, on-site provision of referrals to health care, substance abuse and social services; distribution and demonstration of the appropriate use of condoms and safer sex practices, conduct outreach to active substance users, provide HIV prevention

education that focuses on drugs and sexual risk behaviors and risk reduction practices, HIV prevention and harm reduction education interventions. Ryan White funds have assisted in strengthening and further develop a continuum of care services, harm reduction /relapse prevention and recovery readiness interventions, on-site provision of referrals to other services.

Additional funding is necessary for the Initiative in order to establish programs to reach the geographic areas which are not being targeted. It is estimated that 30,000 to 40,000 of IDUs will receive harm reduction services, via the existing twelve SEPs in the current year. This is a small fraction of the 250,000 estimated IDUs. Program enrollment has grown from approximately 1,200 individuals prior to the NYS DOH approval (May 1992) to over 58,000 participants. The SEPs have struggled to keep up with an ever increasing participant base. Moreover, they have expanded their hours of operation, exchange sites, and comprehensive services to the maximum capacity.

8. FUTURE DIRECTIONS

- Program Issues:

- One of the primary issues is the host of challenges which accompany the transition of volunteer-based, underground syringe exchange programs to structured and regulated comprehensive public health outreach programs.

- There is an ongoing need to work with community boards, law enforcement agencies, local police precincts, and other community-based organizations to strengthen cooperation and service linkages. There is a significant toll taken by program staff in responding to ongoing community issues. This drain on resources is periodically acute.

- Programs continue to grow rapidly without sufficient resources to meet the demand for services. Obtaining adequate funds to support program infrastructure and direct services is extremely important.

- There is a need to study program models currently in operation: street-based fixed sites, walk-about teams, storefronts, institutional settings, single room occupancy hotels, and a combination of these models.

- These programs rely heavily on volunteers. Continued attention must be given to the need for incentives to foster volunteer recruitment and retention.

- Maintaining high syringe return rates is a priority.

- Policy Issues:

- The overall course of harm reduction programming merits further refinement. Key questions include the appropriate range of services to offer program participants; program saturation relative to seroprevalence and other factors; and the integration of harm reduction into existing service organizations.

- The need to continue exploring service models to reach individuals who are not accessing services such as those who are physically challenged, women with children, adolescents and young adults, and active users who are in acute or chronic stages of illness.

- The role of interim methadone maintenance as a harm reduction strategy also merits intensive review with its possible integration into the harm reduction model.

- Policies to address secondary distribution of program syringes need to be developed.

9. NYS AUTHORIZED SYRINGE EXCHANGE PROGRAM PROFILES

All of the twelve New York State authorized syringe exchange programs provide syringe exchange services, HIV prevention education, risk reduction information, condom and bleach kit distribution, and referrals. However, it is worthwhile to note some specific information with reference to each of the SEPs.

The Association for Drug Abuse, Prevention, and Treatment, Inc. (ADAPT) was granted State approval to operate a syringe exchange program in December, 1992 and began SEP operations in February 1993. ADAPT provides both storefront and street-based services in the Williamsburg section of Brooklyn and street-based services in the Bushwick and Bedford-Stuyvesant sections of Brooklyn and the East Harlem section of Manhattan. Its street-based sites include sidewalk tabling, and a vehicle is utilized to transport the staff and supplies to the different sites. The program provides, among other services, support groups and advocacy. ADAPT includes, in its model, the use of music emanating from its transport vehicle to attract participants. They focus on music which is popular to the population they are aiming to engage. To date, ADAPT has enrolled approximately 13,191 participants.

AIDS Rochester, Inc., an existing community service project, was granted a waiver to conduct a syringe exchange program in December, 1993. The AIDS Rochester program offers comprehensive preventive health services to IDUs which include advocacy and on-site provision of HIV counseling and testing. Program services take place at selected street-based sites, a storefront, and on a mobile

van. AIDS Rochester targets the eight counties of Rochester. To date, the program has enrolled approximately 834 participants.

New York Harm Reduction Educators was approved by the State in July 1992. It is a street-based HIV education, prevention, and intervention outreach program providing services in the Bronx and the East Harlem section of Manhattan. The program's activities are conducted in street-based settings via sidewalk tabling or through the use of outreach vehicles. NYHRE received CDC funding to purchase a mobile van to provide referrals, short-term interventions, ear-point acupuncture, and limited medical services at street-based syringe exchange sites. The service provision of the program include, but is not limited to, advocacy; street-based medical services inclusive of HIV counseling and testing; and street-based acupuncture services. To date, NYHRE has enrolled approximately 22,768 participants.

The Buffalo General Hospital syringe exchange program was granted its waiver in September 1993. It is the only hospital-based exchange program in North America. In 1995, the program expanded services by opening a site within an existing community-based service provider, Group Ministries, Inc. Additional services include medical assessments, HIV counseling and testing, and the provision of a meal to all participants at the time of their exchange transactions. Buffalo General's services also include special arrangements for providing syringe exchange to homebound individuals, the majority of whom are diabetics. To date, the program has enrolled approximately 3,001 participants.

The Foundation for Research on Sexually Transmitted Diseases, Inc. (FROST'D) was authorized in May 1995 to conduct a syringe exchange program; it began this program in June 1995. FROST'D is a vehicle-based exchange program which targets the Hunts Point section of the Bronx and the East Harlem section of Manhattan and Coney Island in Brooklyn. The program primarily services women sex workers. Additional services include hot meals, the distribution of clothing and sleeping bags, and HIV counseling and testing. The program occasionally provides street-based medical assessments. To date FROST'D has enrolled approximately 333 participants.

Housing Works received State approval to operate a syringe exchange program in October 1992. The program differs from other models of syringe exchange in that the SEP was incorporated into an already-existing social service agency that provides housing, advocacy, and supportive services to homeless people with HIV/AIDS. The SEP services are limited to Housing Works residential clients, all of whom are HIV-positive. This program's model has a therapeutic focus; each client receives counseling and individual attention during syringe exchange visits. To date, Housing Works has enrolled approximately 160.

The Lower East Side Harm Reduction Center (LESHRC) became an authorized program in July

1992. The program serves IDUs who live and frequent the Lower East Side of Manhattan. LESHRC provides exchange services from a neighborhood storefront. LESHRC also utilizes a "roving team" that provides exchange services to targeted areas throughout the Lower East Side where IDUs live or congregate. The program has also established a satellite exchange site at the Streetwork Project which is an organization serving "street youth." Additional services include, but are not limited to, acupuncture; advocacy; peer education training; and support groups. LESHRC relies heavily on its volunteers and also utilizes employees of other organizations to provide ancillary services. To date, LESHRC has enrolled approximately 10,646 participants.

Positive Health Project (PHP), originally sponsored by the Manhattan Plaza AIDS Project, was granted a syringe exchange waiver in May 1995. Syringe exchange services commenced in July 1995. PHP targets IDUs, sex workers, transgender hormone users, and other substance users in the Chelsea/Clinton section of Manhattan. Its syringe exchange services are storefront-based. Additional services include advocacy, support groups, and HIV/AIDS educational workshops. The program operates primarily by peer-based. To date, the program has enrolled 1,583 participants..

St. Ann's Corner of Harm Reduction (SACHR) was approved by the State in February 1993. SACHR provides both street-based and storefront-based syringe exchange services in the Mott Haven section of the Bronx. Service provision include advocacy; support groups; acupuncture; and other harm reduction activities. SACHR also produces an educational and informational newsletter, "Street Corner News." The newsletter is written and produced by SEP participants. To date, SACHR has enrolled approximately 3,874 participants.

Citiwide Harm Reduction Program/La Resurreccion United Methodist Church's syringe exchange program was approved in December 1995. Citiwide provides harm reduction services and syringe exchange at single room occupancy hotels (SROs) in the Upper West Side of Manhattan and in the Bronx. The program is volunteer-based. It was founded in 1994 by Brian Weil, the program's executive director, in recognition of the urgent need for additional HIV prevention and harm reduction services for active injection drug users. To date, Citiwide has enrolled approximately 1,500 participants.

Bushwick Community Service Society/Comrades In Arms's syringe exchange was approved in December 1995. The agency is a multi-service organization providing health and social services in the Bushwick neighborhood of Brooklyn. Syringe exchange services are integrated into the program's case management and other social services. To date, Comrades in Arms has enrolled approximately 790 participants.

Urban League of Westchester's syringe exchange program was approved in January 1997. Program has enrolled 13 participants.

SYRINGE EXCHANGE PROGRAM OPERATING PROCEDURES

Determining Program Eligibility. Participation in the program is completely anonymous. On the client's first visit to the syringe exchange, program staff perform an assessment to determine eligibility, including the number of years the participant has been injecting drugs. This assessment is done prior to enrolling a participant in the program and issuing an identification card. The program staff or trained volunteers also record the age, race and sex of each participant.

Issuing Participant Identification Cards. In accordance with State regulations, all syringe exchange participants are issued program identification cards. These identification cards contain uniform information and were jointly developed by the State AIDS Institute, AmFAR, the approved programs, and law enforcement representatives. Cards are manually coded by program staff/volunteers with a unique, anonymous identifier for each participant, which is recorded during subsequent exchange visits to collect program transaction information. Although the formula for creating the unique identifier varies from program to program, each consists of a combination of letters and numbers variously representing the user's first and last initials, initial of mother's maiden name, year of birth, day of birth, zip code, etc.

Verifying Program Enrollment. The unique identifier is easily reconstructed, based on the algorithm used by each program, for the purposes of identifying users in cases involving law enforcement. An arresting officer or district attorney will call the program and request verification of enrollment, at which time the program staff person has the law enforcement official ask the user relevant questions to reconstruct the ID code, making sure that it matches the code entered on the ID card. This system has proved successful in enabling law enforcement officials to verify program status and avoid unnecessary arrests for needle possession.

Syringe Exchange Protocol. The program protocol is based on striving for a one-for-one exchange of sterile syringes for used ones. New participants are provided with information about how the syringe exchange program operates and are given an initial number of syringes, depending upon the program's number of sites and days and hours of operation. Participants are instructed to return their used syringes at the next visit to the exchange. Clients also receive safer-sex and safer-injection supplies and information. On subsequent visits, the clients receive a one-for-one exchange for the number of syringes returned, plus additional syringes, based on policies and procedures of each program, in order to meet participant's needs. In special cases, at the discretion of the program director, adjustments may be made in the number of syringes exchanged depending upon a client's previous program participation and established return rates.

Syringe Marking. In July, 1993, the syringe marking requirement was eliminated from the NYS regulations. The policy had imposed a considerable burden on the limited resources of the community-based organizations engaged in syringe exchange and also had serious implications for future program expansion.

Syringe return rates are now assessed through a capture-recapture study conducted on a sample basis. The capture-recapture study has scientifically addressed the question of syringe return rates. Programs distribute specially marked syringes for one week and then return rates of these marked syringes are monitored for the four consecutive weeks following distribution of the marked syringes. During the initial study period in January, 1994, programs distributed a total of 20,083 sterile tagged syringes and collected a total of 13,646 tagged syringes for an overall return rate of 68% within the four-week study period. Statistical reports submitted to the State on a monthly basis reflect an 86% return rate as of June 30, 1995.

Services Provided Directly or by Referral to Other Providers. On site, participants are engaged in discussion about the importance of using new needles, not sharing any drug paraphernalia and how to clean their works if a new needle is not available. Participants are also informed about the value of consistent condom use. Safer sex and drug use supplies are offered to each participant. Referrals to health care, detox and drug treatment and other services are made as appropriate.

Eleven of the existing programs receive funds through the AIDS Institute from the Centers for Disease Control and Prevention (CDC) to enhance the provision of HIV prevention education services including peer education, referrals, training, and other services such as acupuncture and services targeting gay, lesbians, bisexual and transgendered individuals that use drugs.

Four of the authorized syringe exchange programs were funded to provide recovery readiness services to clients on site (Ryan White Act, Title I funds), including the provision of ear-point acupuncture, risk-reduction counseling and groups, and risk reduction educational sessions.

Beginning in September, 1995, Bronx-Lebanon Hospital (through a contract administered through AIDS Institute's Substance Abuse Unit) began providing primary care services at St. Ann's Corner of Harm Reduction, the Association for Drug Abuse Research, Prevention and Treatment, and New York Harm Reduction Educators.

Program Growth. There has been a significant and unanticipated rate of program growth as evidenced by the increasing numbers of IDUs being served by all programs and as additional sites and hours have been added. A total of 174 hours of syringe exchange are offered each week by the eleven NYS authorized syringe exchange programs. Prior to legalization, syringe exchange programs enrolled approximately 1,000 participants. Through September 30,1997 over 58,000 participants have been enrolled in the NYS authorized programs. This growth is the result of several factors, including the increasing demand among IDUs for access to sterile injection equipment, alcohol pads, condoms, information on HIV risk reduction, and referrals to other services.