

# The Syringe Access Work Group

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# Work Group Formation

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- At the February 12th Hepatitis C Advisory Task Force Meeting, a recommendation was made that a Syringe Access Work Group be convened.
- The charge given to the Work Group was to develop recommendations regarding what needle exchange programming/syringe access needs to look like in Michigan in order to effectively address hepatitis C.

# Members of the Work Group

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- Representatives from all three existing needle exchange programs
  - Community Health Awareness Group (CHAG)
  - HIV/AIDS Services (HAS), now known as The Grand Rapids Red Project
  - HIV/AIDS Resource Center (HARC)
- Representatives from three agencies considering needle exchange programs and others with expertise in hepatitis C and/or syringe access
  - The Ingham County Health Department
  - Wellness AIDS
  - CARES of Southwest Michigan
- Others with expertise in syringe access and/or hepatitis C



# Syringe Access Work Group

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- Three meetings of the Work Group were held.
  - March 9<sup>th</sup>
  - April 28<sup>th</sup>
  - May 20<sup>th</sup>



# March 9th Meeting

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- Review Syringe Access Work Group Purpose
- Review Factors that Affect Transmission of Hepatitis C/Research on Hepatitis C and Syringe Access
- Brainstorm/Discussion on Future Directions for Syringe Access Programming, which included discussion of:
  - Primary Prevention
  - Secondary Prevention
  - Tertiary Prevention/Management and Treatment
  - Policy and Environmental Change



# Draft Recommendations

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- Based on the March 9<sup>th</sup> discussion, MDCH staff prepared draft recommendations.
- This draft was discussed extensively at the April 28th meeting and recommendations for revisions/additions were made.
- A second draft was presented and refined at the May 20th meeting

# Final Document

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## “Addressing Hepatitis C in Populations Who Use Injection Drugs: Recommendations from the Syringe Access Work Group”

- The document includes:
  - A background/introduction section that provides information on hepatitis C in people who use injection drugs.
  - Recommendations that proposed a three-pronged approach for increasing syringe access:
    - Through needle exchange programs
    - Through pharmacy sales
    - Through passage of a statewide paraphernalia exemption bill.
  - Recommendations for ensuring that individuals who use syringe access services are provided with hepatitis C information, education, and services, as well as community linkages that can help them address their substance use and/or hepatitis C disease.



# Report Format

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- ❑ Background/Introductions
- ❑ Needle Exchange Programs:
  - ❑ Client Services Primary/Secondary Prevention
  - ❑ Client Services Tertiary Prevention/Management/Treatment
  - ❑ Staff Education/Training and Policy Development
  - ❑ Overarching Recommendations/Environmental Change
- ❑ Pharmacy Access
- ❑ Statewide Paraphernalia Exemption Law
- ❑ Funding



# Needle Exchange Programs

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- Client Services Primary/Secondary Prevention
  - Primary Prevention: strategies implemented to prevent NEW cases of hepatitis C
  - Secondary Prevention: focuses on early identification of individuals infected with HCV and implementation of strategies to
    - Slow progression of the disease
    - Prevent complications especially among those in earliest stages; and
    - Focuses on preventing transmission from infected to uninfected



# Recommendations to Increase Delivery of Effective Primary and Secondary Prevention Services 1

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- Needle exchange programs should:
  - Operate in a way designed to ensure that people who use injection drugs have access to needle exchange program services.
  - Develop a *written service-delivery plan*, based on a community needs assessment that includes input from people who use injection drugs, and takes into account
    - Number of service locations needed
    - The use of fixed, mobile and/or street outreach locations
    - Considers community or site-specific barriers to access and acceptability and strategies for overcoming them.



# Recommendations to Increase Delivery of Effective Primary and Secondary Prevention Services 2

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- Needle exchange programs should:
  - Distribute needles in sufficient quantities to ensure that people who use injection drugs can use a new sterile needle every time they inject.
  - Develop a written service-delivery plan, based on a community needs assessment that includes input from people who use injection drugs, and takes into account
    - The impact of one-on-one exchange policies,
    - The number of needles that can be exchanged/distributed at each client visit ; and
    - Secondary exchange, satellite exchange, or peer-based prevention programs



# Recommendations to Increase Delivery of Effective Primary and Secondary Prevention Services 3

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- Needle exchange programs should:
  - *Distribute other needed drug paraphernalia* (e.g., cotton, cookers, sterile water, tie-offs) in sufficient quantities to ensure that people who use injection drugs can use only their own drug paraphernalia and/or can use new supplies every time they inject.



# Recommendations to Increase Delivery of Effective Primary and Secondary Prevention Services 4

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- Needle exchange programs should:
  - *Provide outreach services* to persons who use injection drugs.
    - Outreach should include a significant component that ensures that young and new injectors, have knowledge about and access to needle exchange program services.
    - A written service-delivery plan, based on documented community need that includes input from people who use injection drugs should be developed that
      - Ensures access and acceptability of the program for young and new injectors,
      - Delineates strategies for providing outreach to young and new injectors (i.e., education through programming for high-risk youth, technology-based outreach.); and
      - Ensures that Outreach is implemented in compliance with MDCH Standards for Outreach, and as a result should not be a stand alone intervention and is linked to other services.



# Recommendations to Increase Delivery of Effective Primary and Secondary Prevention Services 5

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- Needle exchange programs should:
  - *Provide regular and consistent hepatitis C-specific education* to all clients,
    - Includes information on transmission risks related to sharing needles/syringes for injecting,
    - Information on sharing needles/syringes for other purposes such as splitting drugs,
    - Information about sharing other drug paraphernalia, and
    - Information about coming in contact with other surfaces or objects in the environment in which they inject.
  - *Discuss specific harm reduction strategies* for reducing transmission risk, tailored to meet the individual needs of the client.

# Recommendations to Increase Delivery of Effective Primary and Secondary Prevention Services 6

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- Needle exchange programs should:
  - *Offer hepatitis C counseling and testing* to all needle exchange clients.
    - This counseling and testing should be integrated into HIV counseling and testing services.
    - For negative testers, counseling messages, at a minimum, should include information on:
      - 1) the meaning of test results and 2) ways to prevent becoming infected.
    - For positives, counseling messages should include information on:
      - 1) the meaning of test results and next steps for testing, 2) ways to prevent transmitting the virus to others, 3) liver health, 4) the natural history of disease (i.e., the course of disease progression), 5) ways to reduce risk of negative health outcomes/disease progression including vaccination against hepatitis A and B and abstaining from or reducing alcohol use, 6) hepatitis C treatment efficacy and resources, and 7) HIV/HCV co-infection.

# Recommendations to Increase Delivery of Effective Primary and Secondary Prevention Services 7

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- Needle exchange programs *should offer education about and on-site vaccination* for hepatitis A and B.
  - Providing hepatitis A vaccination can reduce the risk of fulminate hepatitis (a severe and rapidly progressive form of hepatitis accompanied by liver cell death and the signs and symptoms of hepatic failure) in those with hepatitis C.
  - Providing hepatitis B vaccination can reduce the risk of hepatitis C disease progression.



# Recommendations to Increase Delivery of Effective Primary and Secondary Prevention Services 8

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- Needle exchange programs should:
  - Regularly and consistently *provide information about substance use disorder treatment* options to all clients
  - Play an active role in *facilitating access to substance use disorder treatment* for clients ready to enter treatment
  - Regularly and consistently *provide information about and facilitate access to other available hepatitis C-related services* such as mental health, medical, and support services.



# Recommendations to Increase Delivery of Effective Primary and Secondary Prevention Services 9

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- Needle exchange programs should:
  - Provide *information and educational resources* to clients that can be used to educate persons who use injection drugs *but are not clients* of the needle exchange.
  - Provide information and resources that *helps them provide education* about hepatitis C and the role of needle exchange programs in preventing hepatitis C and providing hepatitis C-related services

# Recommendations to Increase Delivery of Effective Primary and Secondary Prevention Services 10

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- Needle exchange *programs that include secondary exchange, satellite exchange or peer-based prevention programs*, as part of their service delivery plan, should clearly delineate:
  - Goals and objectives for this component of the NEP
  - Criteria for selecting secondary, satellite or peer prevention exchangers
  - Policies and procedures for operation, training requirements; and plans for conducting process and outcome evaluation
- Training should include information on:
  - Hepatitis C and HIV/HCV co-infection
  - Hepatitis C prevention strategies, and harm reduction philosophy and strategies
  - Tailoring messages to meet the needs of individual clients, communicating with peers, preventing needle stick injuries, community resources and how to make effective referrals.



# Recommendations to Increase Delivery of Effective Primary and Secondary Prevention Services 11

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- As new research emerges on “best practices” for preventing hepatitis C, needle exchange programs should use findings to *guide adaptation of existing and/or development of new needle exchange program services*.
- Needle exchange programs should *actively promote safe disposal of syringes* and should provide clients with information about options for and/or provide resources for safe syringe disposal.

# Needle Exchange Program Client Services - Tertiary Prevention, Management and Treatment

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Tertiary prevention focuses on limiting the effects of hepatitis C disease especially among those who have already experienced negative outcomes due to infection with hepatitis C.

# Recommended Strategies to Expand and/or Enhance Delivery of Tertiary Prevention Services 12

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- Needle exchange programs should *provide clients who test positive* for the hepatitis C antibody with:
  - Information on hepatitis C *support groups*.
  - Information about *current resources for further testing and hepatitis C management/treatment*, and facilitate access to these services.
- Needle exchange programs should *provide all clients* with:
  - Accurate and balanced information about hepatitis C treatment, including messages that clearly indicate that hepatitis C is a disease that is treatable and can be cured and
  - *Information that while treatment can be challenging, the majority of people who initiate treatment can and do complete treatment.*

# Needle Exchange Programs – Staff Education, Training and Policy Development

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Recommendations for agency/staff preparation to increase the scope and effectiveness of hepatitis C-related services.

# Recommendations for Staff Education, Training and Policy Development

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- ❑ All clients should be required to *register with a needle exchange program and carry a registration card*. Registration cards should then allow access to any needle exchange program in Michigan.
- ❑ All needle exchange program staff should be *provided with Michigan Department of Community Health developed and standardized training* on hepatitis C and should receive certification in hepatitis C counseling and testing.
- ❑ Training should include:
  - ❑ Incidence and prevalence of hepatitis, routes of transmission, and liver health,
  - ❑ Natural history of disease, ways to reduce risk of negative health outcomes/disease progression including vaccination against hepatitis A and B and
  - ❑ Abstaining from or reducing alcohol use, hepatitis C treatment efficacy and resources, and HIV/HCV co-infection.

# Recommendations for Staff Education, Training and Policy Development

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- ❑ All needle exchange program staff should be *provided with MDCH developed and standardized training* on hepatitis C and should receive certification in hepatitis C counseling and testing.
- ❑ Training should include:
  - ❑ Incidence and prevalence of hepatitis, routes of transmission, and liver health,
  - ❑ Natural history of disease, ways to reduce risk of negative health outcomes/disease progression including vaccination against hepatitis A/B
  - ❑ Abstaining from or reducing alcohol use, hepatitis C treatment efficacy and resources, and HIV/HCV co-infection.
- ❑ Training should also include detailed information on:
  - ❑ Transmission risks related to sharing needles/syringes for injecting
  - ❑ Sharing needles/syringes for other purposes such as splitting drugs
  - ❑ Sharing other drug paraphernalia, and coming in contact with the injecting environment
  - ❑ Specific harm reduction strategies for reducing transmission risk

# Recommendations for Staff Education, Training and Policy Development 15

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- ❑ All needle exchange program staff should be *provided with MDCH developed and standardized training* on hepatitis C to include:
  - ❑ General *training on blood-borne pathogens* and blood-borne pathogen prevention.
  - ❑ *Written policies and procedures for the prevention of blood-borne pathogens* that address:
    - ❑ Employee training, recommendations for employee vaccination, following universal precautions, sharps' and hazardous waste disposal, and post-exposure follow-up.
    - ❑ All needle exchange program staff should be provided with information about hepatitis B vaccination and be offered vaccination.
    - ❑ Training on current, locally-available, resources for clients who test positive for hepatitis C including information on hepatitis C support groups and current resources for further testing and hepatitis C

# Recommendations for Staff Education, Training and Policy Development

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- ❑ All needle exchange program staff should be *provided with MDCH developed and standardized training* on hepatitis C and should receive certification in hepatitis C counseling and testing.
- ❑ Training should include:
  - ❑ Information on current, locally-available, *resources for clients who test positive for hepatitis C*
  - ❑ *Information on hepatitis C support groups and current resources* for further testing and hepatitis C management and treatment.
  - ❑ An *up-to-date resource guide should be available* at the needle exchange program.
  - ❑ All hepatitis C-related *referrals should be documented*, and where possible, information on referral follow-through should be kept.

# Recommendations for Staff Education, Training and Policy Development

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- ❑ ***MDCH developed and standardized training*** on hepatitis C  
Training should include information on:
  - ❑ ***New research and emerging “best practices”*** for preventing hepatitis C
  - ❑ ***How to use findings from this research*** to guide adaptation/development of needle exchange program services
  - ❑ ***How to work with clients*** to provide information and educational resources to persons who use injection drugs but are not clients of the needle exchange.
    - ❑ This training should help them work effectively with clients to provide education about hepatitis C and the role of needle exchange programs in preventing hepatitis C and providing hepatitis C-related services.

# Recommendations for Staff Education, Training and Policy Development 18

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## ❑ *MDCH developed and standardized training :*

- All needle exchange program staff working in needle exchange programs that *include secondary exchange, satellite exchange or peer-based prevention programs, as part of their service delivery plan*, should be provided with training on the development, implementation, and evaluation of these types of programs, including how to effectively work with secondary exchangers, satellite exchangers, or peer prevention providers.

# Recommendations for Staff Education, Training and Policy Development 19

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## □ *MDCH developed and standardized training :*

- All needle exchange program staff should be provided with *training on current, locally-available resources for substance use disorder treatment, as well as hepatitis C-related mental health, medical, and social support services.*
- Needle exchange programs should have *clear linkages with substance use disorder treatment programs, as well as hepatitis C-related mental health, medical and social services programs*, including Memorandums of Agreement (MOAs), outlining procedures for making referrals and delineating the roles and responsibilities of each agency.

# Recommendations for Staff Education, Training and Policy Development 20

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- ❑ ***MDCH developed and standardized training :***
  - ❑ Communities with existing needle exchange programs should ***develop and implement a community-level campaign and/or communication plan to provide ongoing education to funders, policymakers, law enforcement, local public health, and the general public.***
  - ❑ This plan should be designed to:
    - ❑ Increase understanding of addiction and decrease stigmatization and discrimination against persons who use injection drugs,
    - ❑ Increase understanding of the public health importance of access to clean needles, syringes, and other drug paraphernalia
    - ❑ Maintain and increase support for needle exchange programming and harm reduction, and
    - ❑ Decrease barriers to needle exchange program expansion/enhancement and ensure optimal operation of these programs.

# Needle Exchange Programs – Overarching Recommendations/Environmental Change

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The following overarching recommendations describe state-level initiatives, many with an environmental change focus, that are designed to minimize challenges and facilitate the optimal functioning of needle exchange programs.

# Overarching Recommendations - Environmental Change 21

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- A statewide *awareness campaign and/or communication plan to provide ongoing state-level education designed to funders*, policy makers, LPH, law enforcement, etc:
  - Increase understanding of addiction and decrease stigmatization and discrimination against persons who use injection drugs
  - Increase understanding of the public health importance of access to clean needles, syringes, and other drug paraphernalia
  - Increase support for needle exchange and harm reduction programming, and
  - Decrease barriers to needle exchange program development and ensure optimal operation of these programs.

# Overarching Recommendations - Environmental Change 22

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- Develop a *guidance document and provide TA to localities* on developing awareness campaigns and/or communication
  - Emerging research that provides evidence of the efficacy of hepatitis C treatment in former or current users
  - Current guidelines for hepatitis C treatment, including the National Institutes of Health's Consensus Statement on the Management of Hepatitis C and the American Association for the Study of Liver Disease Guidelines for the Diagnosis, Management and Treatment of Hepatitis C, and
  - The need for multi-disciplinary, model treatment programs.

# Overarching Recommendations - Environmental Change 23

- A statewide awareness campaign and/or communication plan designed to *increase referral options/access to hepatitis management and treatment for current and former users*, and to educate policy makers and physicians about:
  - Emerging research that provides evidence of the efficacy of hepatitis C treatment in former or current users
  - Current guidelines for hepatitis C treatment, including the National Institutes of Health's Consensus Statement on the Management of Hepatitis C and the American Association for the Study of Liver Disease Guidelines for the Diagnosis, Management and Treatment of Hepatitis C, and
  - The need for multi-disciplinary, model treatment programs.

# Overarching Recommendations - Environmental Change 24

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- A statewide awareness campaign and/or communication plan to increase awareness of and to *educate substance use disorder treatment providers* about:
  - the risk of hepatitis C in populations who use injection drugs or who may initiate injection drug use, and
  - the public health importance of access to sterile needles/syringes and other drug paraphernalia.
  - Providers should be encouraged to have policies regarding providing information about hepatitis C and needle exchange program resources to clients as part of their recovery-oriented system of care.

# Overarching Recommendations - Environmental Change 24

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- ❑ Statewide guidelines for hepatitis C counseling and testing should be *developed and integrated into existing HIV counseling and testing protocols*
- ❑ Statewide plan should be *developed and implemented for increasing options for the availability of safe syringe disposal.*
- ❑ A *minimum set of criteria* should be established that all needle exchange programs operating in Michigan must meet.
- ❑ A *process evaluation* should be developed and utilized to evaluate implementation of needle exchange programs
- ❑ An *outcome evaluation* should be developed and utilized to evaluate efficacy of needle exchange in preventing new cases of hepatitis C

# Pharmacy Access

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Under Michigan law, pharmacists make the final decision about selling syringes and may refuse to sell to persons who do not appear to have a “legitimate medical need.” Pharmacists can also play a role in providing hepatitis C information and referrals, as seen in model programs implemented in other states. The following recommendations address increasing pharmacy access to needles/syringes and increasing the effectiveness of pharmacists in addressing hepatitis C

- A statewide awareness and/or communication plan with a goal of *increasing access to sterile needles/syringes through pharmacies and to educate the pharmacy board, pharmacy associations, pharmacists, and students enrolled in pharmacy programs.*
  - Increase understanding of addiction and decrease stigmatization and discrimination against persons who use injection drugs,
  - Increase understanding of the public health importance of access to sterile needles,
  - Increase awareness of the American Pharmaceutical Association's position on the sale or distribution of syringes and needles by or with the knowledge of a pharmacist
  - Increase understanding of the role of needle exchange programs in offering services designed to decrease risk of hepatitis C

# Pharmacy Access

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- Pharmacists should allow for the purchase of needle/syringes without a prescription.
- Pharmacists should provide regular and consistent hepatitis C-specific education to all clients
- Pharmacists should be aware of needle exchange programs in their community and provide information about these programs to clients
- Needle exchange programs should actively promote safe disposal of syringes and should provide clients with information about options for and/or provide resources for safe syringe disposal

# Statewide Paraphernalia Exemption Law and Funding for Syringe Access Programs

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# Paraphernalia Exemption Law

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- **A statewide paraphernalia exemption law should be passed.**

## Funding for Syringe Access Programs

- **Adequate funding should be provided to support implementation and evaluation of all recommendations.**
- Funding for needle exchange programs should be prioritized for communities that can document:
  - 1) high levels of injection drug use
  - 2) high levels of bloodborne disease transmission
  - 3) lack of access to clean needles and syringes, and
  - 4) community-level support for needle exchange programming.