

Comprehensive Harm Reduction Reverses the Trend in New HIV Infections



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ACKNOWLEDGMENTS

This summary records the birth and first 20 years of authorized syringe exchange programs (SEPs) in New York State. The documented dramatic decline in HIV infection among injection drug users (IDUs) is primarily attributable to this initiative. The data signify that syringe exchange is one of the most successful HIV prevention initiatives of the New York State Department of Health AIDS Institute, based on the numbers of lives and health care dollars saved. In 1992, 52 percent of newly diagnosed AIDS cases were among injection drug users. In 2012, IDU risk accounted for only 3 percent of new HIV diagnoses. Yet, SEPs remain controversial. Their creation and significant achievements are the result of the foresight, courage, and collaborative spirit of many individuals and organizations. Each deserves recognition for its passion, fortitude, and hard work.

We commend and thank those dedicated individuals in the programs and in the injection drug using communities, advocates, New York State Department of Health, New York City Department of Health and Mental Hygiene, and our partners in state, local and federal government, community organizations and other settings, researchers, law enforcement personnel, policy makers, and elected officials who together contributed to this public health victory, the last page of which is not yet written.

Special recognition is extended to the activists who, in the early days of the epidemic, when HIV was often a death sentence, would not accept “no” for an answer. They risked much, extending a lifeline to injection drug users, and many became frontline service providers within their communities. On behalf of all New Yorkers, we extend our sincere appreciation for making a difference in the lives of so many.

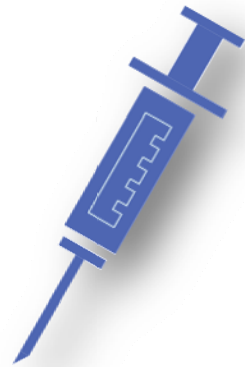
NYS Department of Health AIDS Institute

Comprehensive Harm Reduction Reverses the Trend in New HIV Infections

I. INTRODUCTION

No understanding of HIV in New York State is complete without focusing on **injection drug users (IDUs)** and **syringe exchange**. Syringe exchange is the one intervention which could be described as the gold standard of HIV prevention.

One of the most direct ways of transmitting HIV is through the sharing of HIV-contaminated needles and syringes while injecting drugs. By 1988, injection drug use was the predominant risk behavior for new AIDS cases in New York State. New York was the epicenter of the twin epidemics of substance use and HIV. HIV/AIDS and drug use were particularly devastating in minority communities, with disproportionately high concentrations among African Americans and Hispanics. Injection drug use was the cause of the majority of AIDS cases among people of color and most cases of AIDS among women and their children in the 1990s. Aggressive policy and program changes were urgently needed to combat HIV/AIDS among injection drug users and their sexual partners.



Authorized syringe exchange services, as part of a comprehensive harm reduction approach, were initiated by the New York State Department of Health/AIDS Institute (NYSDOH/AI), in collaboration with syringe exchange providers and many partners in the early 1990s. These efforts have led to a dramatic decline in the number of new infections among injection drug users.

II. SIGNIFICANT ACCOMPLISHMENTS OF SYRINGE EXCHANGE

The NYS Syringe Exchange Programs (SEPs) have been evaluated independently by the Beth Israel Medical Center's (BIMC) Baron Edmund de Rothschild Chemical Dependency Institute under the guidance of Don Des Jarlais, Ph.D., Director of Research. Dr. Des Jarlais is a leading authority on AIDS and injection drug use, and has published extensively on these topics.

Evaluation strategies include on-site program reviews, program data collection and analysis, ethnographic surveys, and antibody testing. The ethnographic component describes programs' service delivery, administrative and decision-making structures, and their relationships with the communities in which they operate. The evaluations also have measured rates of HIV risk behaviors and HIV seroconversion among SEP participants. Interviews have been conducted with participants to collect self-reported data on behavior changes. HIV seroconversion rates have been determined by oral fluid testing and by STAHRs (Serological Testing Algorithm for

Recent HIV Seroconversion) testing of stored samples. STAHRS or incidence testing is the laboratory technique which distinguishes recent and established HIV infection. STAHRS estimates HIV incidence rates based on the results of an incidence test (BED Assay), and testing and treatment history questions answered by the infected person.

Initially, Beth Israel's research found a 1.6 percent rate of HIV seroconversion per year among SEP participants, compared to rates of 4.7 to 7.2 percent in studies of high-frequency injectors not in exchange programs. BIMC data has demonstrated that **syringe exchange does not attract people to drug use**. In fact, among SEP participants, injection frequency declined by 8 percent.¹

"It's ironic: I came in for clean needles and wound up getting sober."

–Syringe exchange participant

Data from the evaluation of the NYS SEP conducted by researchers from the Baron Edmond de Rothschild Chemical Dependency Institute of Beth Israel Medical Center indicate that by 1994, there was a 50 percent reduction in HIV incidence, a 75 percent decrease in the buying or renting of syringes and a 63 percent decrease in syringe-sharing behaviors.²

In 2001, the AIDS Institute published an economic evaluation of syringe exchange programs. Using 1996 cost and utilization data submitted by seven programs across New York State, estimates of the number of HIV infections prevented were calculated as well as the costs incurred by the programs to serve their clientele. Using published data and a model that calculates the reduction of HIV incidence among exchange participants due to reduced needle sharing, the AI estimated that 87 HIV infections were prevented at a cost of \$37,969 per HIV infection prevented (2013 US\$) during the year the study was conducted. This demonstrates

87 HIV Infections Prevented
\$37.1 Million Saved in Treatment Costs

that syringe exchange is a cost-effective HIV prevention intervention from the perspective of the costs incurred by the programs themselves. If both imputed costs for donated services as well as estimated savings in lifetime HIV treatment costs were included in the analysis, syringe exchange is a cost-saving strategy from a broader societal perspective.³

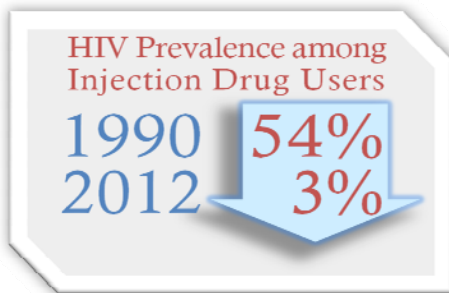
Based on recently published research, the lifetime cost of someone in the United States with an early diagnosis of HIV is estimated to be at least \$426,964 (2013 US\$).⁴ Using this figure, the 87 HIV infections prevented would potentially save \$37.1 million in HIV treatment costs, far less than the investment the state made in these programs. Although these outcomes signal a remarkable victory for public health and tremendous cost savings for our health care system, this is just a small sample during the early years. Substantially more HIV cases have been averted since this study making the cost savings much greater. The cost effectiveness remains a strong credible reason to support syringe exchange.

In 2003, NYC Mayor Bloomberg announced his support for syringe exchange, quoting a medical journal as saying that after 10 years, the "sky had not fallen."⁵ Drug use and drug-related crime had not increased but had, in fact, gone down. The article notes that the Mayor's pronouncement represented an explicit embrace of syringe exchange." In this new environment

SEPs formed the Injecting Drug Users Health Alliance (IDUHA) to advocate for additional funding and policy improvements, including expanding syringe access and health services for IDUs.



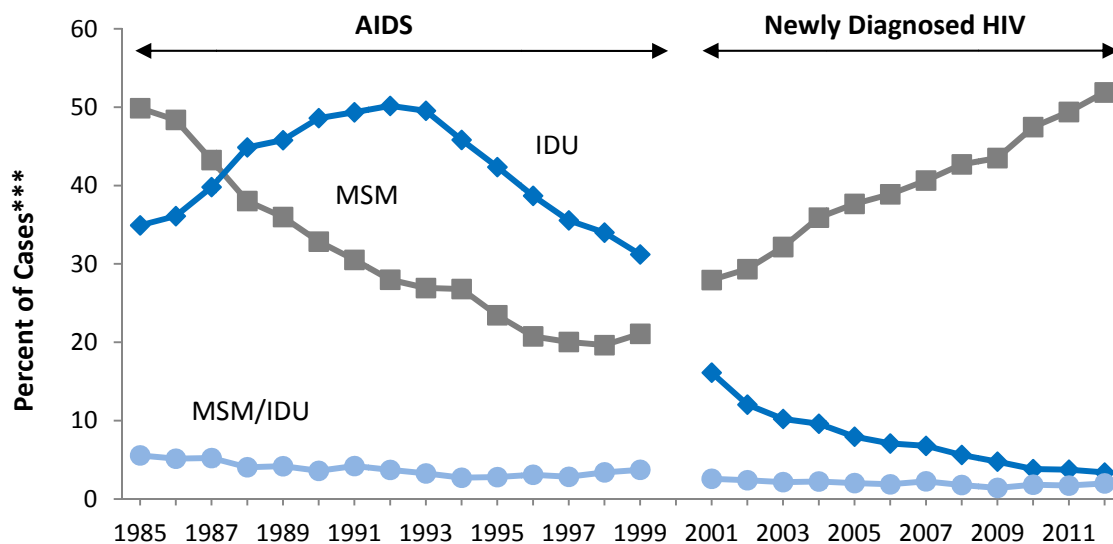
A published study ([AIDS](#), October 2005) conducted by BIMC under Dr. Des Jarlais found that HIV prevalence declined from 54 percent to 13 percent, and hepatitis C prevalence declined from 90 percent to 63 percent among injection drug users in New York City from 1990 to 2001. The study noted that this time period included a very large expansion of syringe exchange in NYC, from 250,000 to 3 million syringes exchanged annually.⁶



Recent AI data indicate the prevalence of HIV among IDUs has decreased even more. In 1990, HIV prevalence among IDUs was 54%. In 2012, the prevalence rate was 3 percent. This astounding decline in the rate of new cases among drug users represents lives saved for thousands of IDUs who benefited from the continuum of preventive health care, and social services geared to their needs.

Figure 1 displays the decrease in injection drug use as a risk factor among AIDS cases and newly diagnosed HIV cases in New York State since the early 1990s. The graph also shows the relatively high rates of HIV infection among persons with risk factors related to sexual transmission (men who have sex with men).⁷

Figure 1: Proportion of HIV and AIDS Cases* by Risk and Year of Diagnosis, NYS, 1985-2012**



*AIDS cases are shown for 1985-1999

Source: NYSDOH/AI/BHAE

**Data as of December 6, 2013

***Percentages are based on the total number of new HIV diagnoses for each year, regardless of transmission category.

The decrease in HIV infection in IDUs also impacts the HIV infection rates of their sexual partners and children. The reduction in new HIV infections among injection drug users between 1992 and 2012 is attributed to the implementation and expansion of syringe exchange since 1992 and the creation of the Expanded Syringe Access Program (ESAP) in 2001.

The AIDS Institute's data reporting systems provide statistics on the number and characteristics of SEP participants, number of syringes exchanged, number of transactions, and the number and types of referrals made to health and human services. These data indicate that programs are reaching a broad spectrum of high-risk IDUs, and that SEPs serve as gateways for referral to other services that might not be known to the individuals served. Data highlights are detailed in the following tables.

There have been 171,582 individuals enrolled in SEPs from July 1, 1992 – September 30, 2013. Of these, SEP enrollees were more likely to be male (72 percent), 50 years old or older (56 percent) and Hispanic (42 percent) (Table 1).

There have been 55,238,197 syringes furnished to individuals, with 43,444,640 syringes collected from 1992 to 2013, for a 79 percent return rate (Table 2).

Program users are most often referred to supportive services, primary/medical-related care services, and HIV testing (Table 3).

There has also been a large increase in syringe distribution through DOH regulated/registered programs from 2006 to 2012 (Table 4).

Table 1: Demographics of Enrolled Participants (N = 171,582)

Table 1: Demographics of Enrolled Participants (N = 171,582)	
Gender	
Male	72%
Female	27%
Transgender	1%
Age*	
19 and under	1%
20 to 29	5%
30 to 39	14%
40 to 49	24%
50 and over	56%
Race/Ethnicity	
Hispanic	42%
White	28%
African American	26%
Mixed Race	3%
Asian/Pacific Islander	<1%
Native American	<1%

*These data are based on age at enrollment.

Table 2: Syringe Numbers (7/1/92 – 9/30/13)

Number of syringes furnished	55,238,197
Number of syringes collected	43,444,640
Number of encounters	1,675,274
Return rate of syringes	79%

Table 3: Referrals to Services (7/1/92 – 9/30/13)

Supportive services	151,109
Primary/medical-related care services	46,151
HIV testing	44,090
Drug detoxification	21,185
Methadone maintenance	8,056
Residential drug treatment	3,697
Other drug treatment	29,047
Total referrals	303,335

Table 4: Syringes Distributed annually in 2006 and 2012 Through DOH Regulated/Registered Programs

DOH Program	2006	2012	% Change
Syringe Exchanges	2,500,000	3,659,856	46.4%
ESAP	2,400,000	4,000,000	66.7%
Total	4,900,000	7,659,856	56.3%

Notes: There were 15 SEPs operating in 2006 and 21 in 2012. There were 2,951 ESAP-registered pharmacies operating in 2006 and 3,108 operating in 2012. SEP figures based on AIDS Institute Reporting System (AIRS) data. ESAP sales figures extrapolated from representative surveys of ESAP-registered pharmacies conducted in 2006 and 2012.

In 2012, BIMC evaluated the Peer Delivered Syringe Exchange Program model, factors that contribute to SEP success or utilization, and the impact of SEPs on communities. This information will help to assess the factors that motivate IDUs and lead to positive behavior changes. During 2013, BIMC will continue individual interviews and collect data on injection drug users' utilization of SEPs and ESAP, and their knowledge of the [911 Good Samaritan Law](#).⁸ Under this law, individuals who report overdoses are given significant legal protection against charge and prosecution for possession of a controlled substance. The overdose victim has these same protections.

III. HARM REDUCTION SYRINGE EXCHANGE INITIATIVE

WHAT IS HARM REDUCTION?

Harm reduction is a process which seeks over time to reduce personal risk, with the ultimate goal of optimal health outcomes based on individual circumstances. It recognizes the importance of working with participants' level of acceptance of services. Consequently, the development of positive relationships with participants in a client-centered, low-threshold fashion is critical to the overall approach. Low-threshold services include activities that provide easy access to services and facilitate entry to other services in an incremental manner. For some participants, movement from limited- or no-risk reduction behaviors to risk elimination may occur swiftly. For others, there may be a substantial lag, and for some individuals, progress beyond the initial and elementary steps may never occur.

"You guys are great for having this program for us ... thank you ... I'm glad you treat us like 'normal' people and don't push us to get clean or ride us for not completing a program ... instead you ride with us."

– Syringe exchange participant

Harm reduction programs help individuals adopt behaviors which reduce their risk of contracting HIV, hepatitis C (HCV) and other blood borne pathogens. Harm reduction programs offer interventions which maximize risk reduction when absolute risk elimination is not a current option. In a hierarchy of risk reduction strategies, cessation of injection is the highest goal. However, for individuals who will not or cannot abstain from substance use or enter drug treatment, harm reduction programs provide services that match the individual's wishes and

abilities at the time, while reducing the risk of contracting HIV, HCV and other drug-related harm.

Harm reduction is the fundamental concept supporting NYS's SEPs. As defined in NYS regulations, a comprehensive harm reduction program includes:

the provision of new sterile syringes and other safer injection supplies, education on the importance of avoiding syringe sharing, safer injection techniques and safer sex practices; the provision of male/female condoms, dental dams, and bleach kits with instructions and demonstrations on their proper use; supportive counseling; behavioral interventions, HIV counseling and testing, referrals to health care, substance use programs and social/supportive services.^{9,10}

Funding may also be used to provide support groups, individual or group mental health services, meals, and wellness services including ear-point acupuncture/acupressure to reduce the craving for substances. Several SEPs have on-site medical and psychiatric services, and buprenorphine induction, which is the first phase of buprenorphine treatment, through other agency programs or collaborations with external providers.

Harm reduction has been relegated by some to the realm of drug use only, but it also applies to sexual behavior. A harm reduction approach supports individuals in being sexual in ways which reduce the risk of contracting HIV and other STDs.

It is important to note that the **harm reduction approach has broad support from respected national and state organizations**, including those listed in Appendix 1. Their expressed support was essential in the creation of harm reduction initiatives and continues to be important in sustaining these efforts.

HISTORY LEADING TO AUTHORIZED SYRINGE EXCHANGE IN NYS

In 1984, the Municipal Health Service in Amsterdam, the Netherlands, partnered with a group of drug users, known as the Junkiebond, to set up what may have been the first syringe exchange.¹¹ Although sale of syringes without a prescription was legal in the Netherlands, a large pharmacy in the city's center had chosen on its own to suspend the sale of syringes to drug injectors. There was a very real concern that hepatitis B would flourish among injectors unless access to clean syringes was maintained. As the first chapter in syringe exchange history, the Amsterdam Junkiebond experience was emblematic of the role of drug injectors in their own health, dispelling the myth that they would not take steps to protect themselves. It also provided a replicable model: **government and activists collaborating for the benefit of public health.**

Two years after the Amsterdam program started, HIV among drug injectors had already become a significant public health concern in New York. In 1985, New York City Health Commissioner David Sencer, M.D., understanding the role of syringe access in HIV prevention, first proposed a pilot SEP. The political, law enforcement and community opposition to this proposal was formidable, and the birth of legal syringe exchange was put on hold.

In 1986, the first SEPs were established in Australia and the United Kingdom. That action better contained HIV epidemics among injectors than was to be the case in the United States. In April 1988, a SEP called Point Defiance was founded in Tacoma, Washington. With local government support, this was the nation's first publicly funded SEP. The evaluation of this program, as well as assessment of other programs, was critical for addressing the criticisms of syringe exchange, a lesson well learned in New York State.

After Tacoma, other SEPs gradually began elsewhere in the United States. In November 1988, ACT UP (AIDS Coalition to Unleash Power) in San Francisco started a government-tolerated, but still not legal, exchange in the Bay area. Four months later, in March 1989, ACT UP Seattle began operating a SEP, which was soon taken over by the King County Department of Public Health, acknowledging the public health imperative of providing access to new sterile syringes. In November 1989, Outside In, a program serving homeless youth in Portland, Oregon, also began providing new sterile syringes.

In 1987, NYC Health Commissioner Stephen Joseph, M.D., proposed to the State a pilot research program in which new sterile syringes would be provided to injectors, with entry into drug treatment as part of the program when slots became available. In January 1988, the State approved this plan and by November 1988, New York's first legal SEP was born. This program lasted little more than a year, hobbled by its location near New York Police Department's headquarters, its formidable research agenda, the minimal number of syringes furnished, and the requirement to accept a referral for substance use treatment. Despite these shortcomings, the program demonstrated that:



- 1) Syringe exchange was possible in New York despite vocal opposition;
- 2) SEPs could be evaluated; and
- 3) Drug injectors proved more than capable, when armed with the necessary tools (in this case, new sterile syringes) to safeguard their own lives as well as those of their partners.¹²

When the New York City pilot ended in February 1990, deep concern remained because of the lifeline the program offered injectors. Individuals from ACT UP in New York took matters into their own hands and began furnishing syringes on New York City's Lower East Side. In March 1990, as they were setting up their table, eight ACT UP members were arrested for knowingly possessing hypodermic instruments in violation of Penal Law 220.45, a Class A misdemeanor.¹³ In June 1991, New York City Criminal Court Judge Laura Drager acquitted the defendants, referencing the medical necessity of the actions.¹⁴

The Syringe Exchange/Harm Reduction movement, not unlike the civil rights movement, benefited greatly from individuals who would question authority. These activists created the early underground exchanges in New York: the Lower East Side Needle Exchange Program, the Bronx-Harlem Needle Exchange Program, and St. Ann's Corner of Harm Reduction. Syringes were also distributed by the National AIDS Brigade. The Association for Drug Abuse Prevention and Treatment (ADAPT), which initially furnished syringes after the NYC pilot program ended, re-doubled its efforts to teach injectors how to sterilize their used works with bleach.

Gradually, individual and institutional opposition to syringe exchange began to diminish. In 1991, the U.S. National Commission on AIDS endorsed syringe exchange in its report [The Twin Epidemics of HIV and Drug Use](#), relying in part on the evaluation of the Tacoma syringe exchange.¹⁵

In July 1991, the New Haven, Connecticut, Needle Exchange Program showed a projected 33 percent decrease in HIV infections among exchange participants versus those not using the exchange. These findings persuaded many in government to become allies and supporters of syringe exchange.

NYSDOH Commissioner David Axelrod, MD was a strong supporter of syringe exchange as an intervention that could reduce HIV infections among IDUs. As a result of New Haven findings, NYSDOH convened a work group led by Associate Health Commissioner Linda Randolph, M.D., AIDS Institute Director Nicholas Rango, M.D., and Dennis Whalen, Executive Deputy Director of the AIDS Institute, to develop regulations to permit syringe exchange in the state. In 1991, Alma Candelas, the AIDS Institute's Associate Director for Women's and Substance Abuse Services, made a stirring presentation to the NYS AIDS Advisory Council. With strong support from Council Chairman David Rogers, M.D., and Robert G. Newman, M.D., Chair of the Council's Substance Use Committee, the Council unanimously endorsed **comprehensive harm reduction**, including syringe exchange.

Simultaneously, in response to the New Haven findings, NYC Mayor David Dinkins directed his Health Commissioner, Margaret (Peggy) Hamburg, M.D., to convene a task force to re-examine the issue. After months of study and deliberation, the task force recommended support of community-based comprehensive harm reduction programs, including syringe exchange, as an HIV prevention measure for injection drug users.

SYRINGE EXCHANGE IN NYS

In May 1992, NYSDOH filed emergency regulations, which were later adopted as non-emergency regulations (Section 80.135 of Title 10 of the State of New York Official Codes, Rules and Regulations),⁹ to authorize the State Health Commissioner to approve programs and personnel to possess, collect and distribute hypodermic syringes and needles without a prescription to injection drug users to prevent HIV transmission. SEPs are administered by community-based organizations, Article 28 medical facilities and government entities. The regulations require:

- 1) Assessment of the need for syringe exchange within the targeted communities;
- 2) Policies and procedures for enlisting community support, including the development of a mechanism for eliciting feedback from injection drug users through focus groups or users' advisory boards, and plans for addressing community and law enforcement concerns;
- 3) Organizational capacity and protocols to conduct harm reduction services including syringe exchange, including plans for sites, service delivery methods and procedures for adding or changing sites;
- 4) Staff/volunteer recruitment and training, and for ensuring their security; and

5) Policies and operational procedures to:

- determine eligibility and enrollment of syringe exchange participants;
- distribute, collect and dispose of syringes, ensuring secure storage and handling;
- provide HIV prevention education and counseling, and provide referrals for other services; and
- collect data and issue reports for accountability and program evaluation.

The regulations require that syringe exchange be provided within a comprehensive harm reduction model, where participants can access other services and learn about risk reduction measures for themselves and their partners. SEPs offer a low-threshold, anonymous point of entry into the continuum of care for the often-marginalized population of active injection drug users.

“Coming to group keeps me grounded. It teaches me how to be safe and smart. And keeps me focused on my goals...I decided to stop using because I knew I could do better. I remembered when I used to be part of a family, part of society; I used to have a job. I wanted all that back...Even though I don't use anymore the groups keep me where I need to be. You try going out there on your own, no support, see what happens. These groups are my support.”
– Syringe exchange participant

In November 1992, after the emergency regulations establishing syringe exchange were filed, Dr. Mathilde Krim, the Founding Chairwoman of The American Foundation for AIDS Research (amfAR), hosted a meeting to talk with law enforcement about syringe exchange as a public health intervention. The meeting included representatives from the New York City Police Department and District Attorney offices; Nicholas Pastore, New Haven Connecticut Police Commissioner; as well as Dr. Rango, Dr. Hamburg and Dr. Des Jarlais. After that meeting, the AIDS Institute formed a workgroup to provide a forum for ongoing communication with law enforcement and to develop materials for prosecutors and Legal Aid Society attorneys handling cases involving charges of illegal possession of syringes.

The important role of the early community-based syringe exchange providers in a charged atmosphere cannot be overstated. Without legal protections, they risked much to provide IDUs with access to new sterile syringes. Throughout the transition to legally authorized services, the providers adapted their harm-reduction models to the requirements of state regulations without compromising their user-friendly, client-centered approach. Their commitment to serve the complex and multi-faceted needs of IDUs has shaped a service model that provides often-marginalized individuals with access to relevant services and has maximized the opportunity to teach HIV/STD/HCV prevention and risk reduction with this population.

In 1992, the first four fledgling syringe exchange programs were approved. Additional programs were authorized gradually over the years since the regulations were promulgated. **As of January 2014, there are 22 authorized SEPs in New York State – 14 in New York City and eight in other areas of the state.** Appendix 2 lists the SEPs and provides a description of each program. The sites for each SEP are illustrated in the maps included as Appendix 3. Many of the programs have several sites or conduct exchange in additional neighborhoods. The 22 syringe exchange programs have 60 sites and provide more than 875 hours of syringe exchange services weekly, excluding peer-delivered syringe exchange.

These programs employ staff and volunteers to provide syringe exchange and a comprehensive range of ancillary services. Over the years, the SEP complement of services has been enhanced and may include the following:

- 1) Syringe exchange, including the provision of new sterile syringes and the collection of used syringes;
- 2) Risk reduction assessment and behavioral counseling, including education on safer injection practices and sexual risk reduction;
- 3) Bleach kit distribution and demonstration of cleaning syringes;
- 4) Condom demonstration and distribution;
- 5) Provision of or referral to:
 - detoxification and substance use treatment;
 - HIV counseling and testing, and partner assistance services;
 - HIV, hepatitis and STI prevention education and risk reduction counseling;
 - hepatitis and STI screening and testing;
 - health care for persons testing positive for HIV, STI or hepatitis;
 - social services, including case management and assistance with accessing entitlements, housing, food, transportation, child care, etc.; and
 - mental health services (on-site provision in New York City-based SEPs)
- 6) Education on the importance of engagement and retention in continuous care and services to promote well-being; and
- 7) Wellness services, including acupuncture and acupressure.

Syringe exchange services are conducted at locations and during hours specified in the agency's approved application. SEPs use varied program models and settings, including: storefronts, mobile vans, street-based fixed sites, walking teams, single room occupancy (SRO) hotels, special arrangements and the emergency SEP model.

Each model offers distinct advantages. Storefront locations provide the potential for a broader array of services to be offered to a large number of participants at stable, safe locations that may be less visible to the broader community. Mobile vans, street-based sites and walking teams bring services directly to IDUs and can be less expensive than fixed sites. The single room occupancy (SRO) hotel model brings services to high-need participants who may not have the capacity to seek services at an alternate location. The Peer Delivered Syringe Exchange (PDSE) model allows trained and supported peers to reach members of their social networks who would not otherwise seek harm reduction services. There are corresponding disadvantages with each model relating to community concerns, resource limitations, and the safety and security that each SEP must consider in deciding on models to employ.

In 2007, **Peer Delivered Syringe Exchange (PDSE)** was implemented. In this model, peers are recruited, screened, trained and supervised to conduct syringe exchange within their social networks. This model has been successful in reaching women, individuals who do not live within walking distance of a SEP and those who do not want to be identified as IDUs. PDSE offers the important opportunity to reach IDUs who will not seek services at a program site. Trained peers develop skills and experience that have clear vocational implications.¹⁶

As of November 2013, 21 of the 22 authorized SEPs are approved to conduct PDSE. For six SEPs, PDSE represents between 50 percent and 64 percent of client transactions; for five SEPs, PDSE represents between 38 percent and 43 percent of participant transactions. For all agencies that conduct PDSE, some enrolled individuals continue to access services through traditional SEPs.

The Harm Reduction Coalition (HRC), in conjunction with the New York City Department of Health and Mental Hygiene (NYC DOHMH), convene a **Peer Delivered Syringe Exchange Network** to provide peer support, educational and networking opportunities for NYC-based peers. The PDSE HRC Network meets monthly to learn about health topics, share work experiences and provide mutual support.

The **Special Arrangements SEP Model** was created to enable agencies with large geographic catchment areas to provide syringe exchange services without incurring the expenses of establishing several SEP sites. Injection drug users, who live in the SEP's catchment area, but at a distance from the established SEP site, can arrange with program staff to have syringes made available periodically in their counties of residence.

The **Emergency SEP** model enables programs to provide syringes to individuals who are unable to visit a storefront SEP during approved hours because of specific circumstances.

Agencies have also tailored SEP services to ensure maximum utilization by special populations of injection drug users. For example, certain SEPs have "transgender only" sessions, special SEP hours that coincide with "Women's" or "Men's" groups, and "Crusty Punk" and youth-specific SEP programming, days or services. Similarly, the wide array of syringes offered via SEP reflect client preferences, including lower gauge needles for injecting hormones to higher gauge ones for "pin play." With the injection supplies, items such as dignity packs and disposable washcloths are provided to help homeless participants maintain better hygiene to avoid infections.

The AIDS Institute continues to adapt its SEP Policies and Procedures in response to SEP agencies' concerns. Recent changes include streamlined requirements for requesting changes to SEP operations or expansion, and an increase in the number of syringes to be furnished during a transaction (now up to 600, depending on injection history, utilization patterns, drug choice, distance of residence from a SEP and other factors).

It is important to remember that these SEPs exist because of the efforts of advocates, drug users, public health experts, syringe exchange programs, the Foundation for AIDS Research, NYSDOH, the New York City Department of Health and Mental Hygiene, the Barron Edmond de Rothschild Chemical Dependency Institute of Beth Israel Medical Center, the Legal Action Center, other state and local entities, and many other contributors.

"The program has been a blessing to me and my family. I've been going there for over six years and I'm finally clean now. They must have sent me to a dozen programs but I wasn't ready to stop ... This place was the only place that I felt welcomed because they never judged me ... Today, I thank God that I am drug free and have my family back."

– Syringe exchange participant

COMPREHENSIVE APPROACH TO DRUG USER HEALTH

Although this document highlights the history and achievements of syringe exchange over 20 years, SEPs were not the only strategy. **The NYSDOH AIDS Institute has spearheaded statewide initiatives aimed at developing a comprehensive approach to drug user health.** This encompasses access to prevention, care and a broad range of services, as well as capacity building and training for provider agencies. Key elements of this comprehensive approach are outlined below, and a timeline depicting initiation of these services is included in Appendix 4.

The continuum of services to improve drug users' health includes, but is not limited to:

- Targeted outreach to facilitate access to and engagement in services;
- HIV prevention services, including evidence-based behavioral interventions, risk reduction counseling and referral, condom provision, and referrals to syringe access and disposal;
- Sexual health education and promotion;
- Individual and group counseling;
- Case management to help access entitlement assistance and basic services such as food, housing, and transportation;
- HIV counseling and testing and STI screening and partner services, including on-site at drug treatment settings and SEPs and linkage to treatment and care for infected people;
- Integration of hepatitis B and C prevention education, screening and referral to health care, and coordination of all viral hepatitis activities;
- Primary care provision, either on-site or by referral, and retention in continuous HIV care for infected individuals;
- Linkage to specialty medical care as needed;
- Clinical guidelines focusing specifically on substance users;
- Mental health assessments, counseling and services, either on-site or by referral;
- Syringe access through SEPS and the expanded syringe access programs;
- Community mobilization to promote access to sterile injection equipment;
- Substance use risk reduction counseling and referral to drug treatment;
- Recovery readiness and relapse prevention counseling;
- Syringe disposal through community sharps collection sites;
- Provision of opioid overdose prevention, including the administration of naloxone; and
- Buprenorphine treatment for opiate addiction.

More information about these initiatives aimed at improving drug user health can be found in the document ***About the AI*** which can be accessed here: [About the AIDS Institute](#).

Since the creation of syringe exchange, NYSDOH AI created and/or supports the following programs:

1) Expanded Syringe Access Program (ESAP)

The AIDS Institute faced the challenge of expanding syringe access into areas of the state that had not been served by a SEP. In May 2000, Title 10, NYCRR 80.131 (a) (4), 80.137 was created to carve out an exemption to Penal Code 220.45 regarding criminal possession of hypodermic

syringes. The law established the Expanded Syringe Access Program to create another means by which IDUs (and others requiring the use of syringes) can legally obtain and possess sterile syringes. The law allows the sale or furnishing of hypodermic syringes without a prescription by registered pharmacies, Article 28 health care facilities and health care practitioners.



Persons who are 18 years and older can obtain up to 10 syringes from registered providers who must supply a NYSDOH [Safety Insert](#) pamphlet with each syringe transaction ([Guidelines to sell or furnish hypodermic needles and syringes without a prescription](#)). As of May 31, 2013, there were **3,300 registered ESAP providers**, with about 43 percent located in New York City. Providers are located in every county except Hamilton. Of the registered providers, 3,198 (96.9 percent) are pharmacies, 70 percent of which are major pharmacy chains. In addition to pharmacies, there are 100 other providers enrolled, including hospitals, nursing homes, clinics and private practitioners. Based on a 2012 survey by the AIDS Institute, about 4 million syringes are sold without prescriptions annually.¹⁷ This program has extended syringe access to all areas of the state, making the basic element of harm reduction services much more accessible. The NYSDOH website lists ESAP-registered providers by county, and alternative sharps disposal sites here: [Directory of ESAP Providers in New York State](#).

2) Syringe Disposal through Community Sharps Collection



Promotion of appropriate syringe disposal, sometimes called “sharps” disposal, is an important component of SEPs and ESAP. All SEP participants are taught to dispose of their used equipment safely, and ESAP customers are also provided with such information. In NYS there are 930 hospitals and nursing homes mandated to collect household sharps. In addition to SEPs,

more than 150 sharps collection sites have been authorized at pharmacies, community colleges, health centers, retail sites, bus depots, airports and community-based organizations.

There is a substantial probability that many syringes carried by SEP participants and ESAP customers will contain residual amounts of controlled substances. Fear of arrest and prosecution for possession of this residue – as well as of the syringes themselves – has been a deterrent in returning used injection equipment for safe disposal. Amendments to Penal Law Section 220.45 in 2010 clarify lawful possession or sale of syringes, and state that it is not a violation when a person possesses a residual amount of a controlled substance in a syringe obtained pursuant to the Public Health Law. The AI's Harm Reduction Unit provides extensive education to SEP staff, volunteers, peers and to law enforcement to foster a broader understanding of the amended Penal Law provision to facilitate safe disposal.

3) Viral Hepatitis Section of the AIDS Institute

The Viral Hepatitis Section coordinates all viral hepatitis (A, B and C) activities associated with primary and secondary prevention and treatment. This includes the identification, counseling and referral for medical management of persons living with chronic hepatitis B (HBV) and hepatitis C (HCV), and integration of viral hepatitis services into health care programs across the state. The Viral Hepatitis Section also works collaboratively with the NYSDOH Bureau of Communicable Disease Control on investigations of HCV outbreaks in IDUs, including young IDUs.

It is estimated that **more than 240,000 New Yorkers are living with HCV**. Within the HIV population, approximately one-third are estimated to be co-infected with HCV. The highest rates of HCV occur in IDUs. NYSDOH hepatitis surveillance data shows an increase in HCV cases among persons less than 30 years of age. The most common risk among this group is IDU. There is also increasing evidence of HCV transmission in HIV-infected men who have sex with men. Many individuals living with HCV are unaware they are infected because the disease is often asymptomatic until advanced liver damage develops. Chronic HCV is responsible for 40 to 60 percent of all liver disease and is the leading cause of liver transplantation in the United States. HIV infection exacerbates the progression of HCV infection.

It is estimated that **46,000 New Yorkers are chronically infected with hepatitis B (HBV)**, which is most efficiently transmitted through sex, but can also be transmitted through injection drug use and perinatally. There is a safe, effective vaccine for HBV, and a law requires all children to receive the HBV vaccine before entering school in New York. However, medical care and treatment for persons chronically infected with HBV are not accessible statewide.

New York spends \$1.5 million for grants for HCV prevention and care, supporting 13 awards across the state. SEP activities related to hepatitis prevention may include hepatitis A and B vaccination; HCV screening, testing and referral for treatment; support groups or counseling for hepatitis C infected participants.

4) Opioid Overdose Prevention

In April 2006, NYSDOH was authorized to approve Opioid Overdose Prevention Programs, which provide education and training for non-clinicians to prevent fatal opioid overdoses. In an opioid overdose, the victim becomes overly sedated and gradually loses the ability to breathe. Overdose fatalities are frequently preventable, because they are rarely instantaneous and are often witnessed by others. When witnesses are appropriately trained, they are better prepared to respond in a safe and effective manner. Their training includes education on risk factors, such as polydrug use and recent abstinence, recognition of an overdose, and the appropriate steps to take once a probable overdose has been identified. These steps include contacting emergency medical services (dialing 911), reviving the victim with rescue breathing and the administration of naloxone, an opioid antagonist, which reverses potentially lethal respiratory depression.

114 Registered Opioid Overdose Prevention Programs

850 Individuals were Administered Naloxone

As of December 2013, **114 registered Opioid Overdose Prevention Programs have been approved with more than 6,500 individuals trained.** Reports to the Department indicate that these trained overdose responders have **successfully administered naloxone to more than 850 individuals, saving their lives.** The

impact of the opioid overdose programs is likely to be significantly greater because of underreporting. Overdose prevention remains a critical initiative for New York State, particularly in areas with high-incidence of drug use, including New York City, Long Island and Western New York. Overdose prevention takes place across a diverse set of providers, including SEPs, drug treatment programs, hospitals, community health centers, emergency medical services, community-based organizations and law enforcement.

New York State has a [911 Good Samaritan Law](#) which became effective September 18, 2011.⁸ The law is intended to reduce fear of law enforcement involvement, a factor which in the past contributed to the delayed summoning of emergency medical services and inevitably led to preventable death.

5) Buprenorphine Treatment

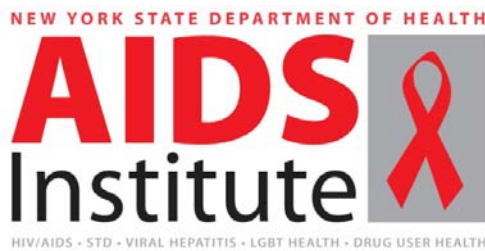
Buprenorphine has been shown to be an effective treatment option for opioid dependence, providing a safe, controlled level of medication to replace the need for opioids. Prescription pain medication has the same potential for addiction, overdose and death as street drugs. In 2010, NYSDOH launched a campaign to alert people addicted to prescription narcotics about the use of buprenorphine as a treatment option. Physicians and pharmacies statewide were provided with printed materials that highlighted the fact that addiction could be effectively treated with buprenorphine, which can be prescribed in the privacy of a physician's office and dispensed by a pharmacy. The Drug Addiction Treatment Act of 2000 and NYS regulations permit qualified practitioners to prescribe or dispense buprenorphine for the treatment of individuals who are addicted to opioids. **SEPs are an ideal vehicle for providing buprenorphine education and induction for IDUs.** Those agencies with on-site psychiatric services could offer actual buprenorphine induction while others may offer information on buprenorphine treatment.

"This program has changed my life. The staff were there for me when I decided to get on suboxone*. They hooked me up to the Doc and never judged me when I relapsed. I have been clean now for almost a year – but still come in just to visit with the staff."

– Syringe exchange participant

*Brand name of a combination product of buprenorphine/naloxone.

ROLE OF THE AIDS INSTITUTE, THE NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE AND THE FOUNDATION FOR AIDS RESEARCH (amfAR)



The AIDS Institute is responsible for regulatory oversight of approved syringe exchange programs. The AIDS Institute, through its Harm Reduction Unit (HRU), reviews and processes syringe exchange applications, provides ongoing technical assistance, monitors SEPs, and works with these programs and other funders to set new strategy for the Comprehensive Harm Reduction Initiative.

The AIDS Institute and amfAR have formed a unique, strong partnership to support SEPs. Through a contract, amfAR purchases, stores and distributes harm reduction supplies for all authorized SEPs. AmfAR also coordinates efforts to inform and educate other government and private organizations on harm reduction syringe exchange.



The NYC DOHMH continues to play an instrumental role in syringe exchange. It funds SEPs based in NYC and performs comprehensive programmatic and fiscal monitoring annually. It continues to collaborate with the AIDS Institute and provide funding to the AIDS Institute for harm reduction, recovery readiness and relapse prevention services. In addition, NYC DOHMH funds mental health services within harm reduction programs. The agency also has been involved in many discussions regarding the implementation of new SEPs and when additional sites or models are approved at existing agencies. In addition, NYC DOHMH has made significant contributions in many other initiatives related to drug user health, including opioid overdose prevention.

ROLE OF THE AIDS INSTITUTE AND LAW ENFORCEMENT AGENCIES

The AIDS Institute serves as liaison between SEPs, law enforcement and the criminal justice system. The Institute routinely conducts outreach and education to law enforcement, and has forged strong collaborations with the New York State Division of Criminal Justice Services (DCJS) and the New York State Association of Chiefs of Police Inc. (NYSACOP). The AIDS Institute has created a strategy for educating law enforcement at all levels, from police commissioners to officers on the street and NYS criminal justice entities. This is accomplished by:

- Presenting at conferences of police associations, including the Law Enforcement Training Directors and Undersheriff's Associations;
- Conducting educational training sessions periodically for 250 training sergeants of the New York Police Department as part of its continuing education program;
- Training law enforcement at the city, county, and state level when SEPs are established in new locations to follow up on police and participant interactions, or difficulties understanding or interpreting the public health and penal laws or NYS regulations;
- Collaborating with DCJS to train law enforcement on syringe access and opioid overdose and the 2010 amendments to the Penal Law at NYSDCJS' 14 regional training centers;

- Publishing articles on syringe access and opioid overdose in the [Empire State Prosecutor](#), Winter 2012, the journal of the New York Prosecutors Training Institute and [The Suffolk Lawyer](#), a newsletter of the Suffolk County Bar Association.
- Working with jurisdictions to develop operations orders, training bulletins, and lesson plans on NYSDOH's syringe access and opioid overdose initiatives to guide officers in encounters with SEP/ESAP participants.

NYSACOP and AI have created podcasts on the syringe access and opioid overdose programs and the 911 Good Samaritan Law. The first one is available through [iTunes](#) and has been posted on the NYSACOP and DCJS websites. NYSACOP also highlights NYSDOH syringe access programs in a special section in its annual Penal Law publication.

In addition, NYSACOP developed a special a Law Enforcement Officer Notebook that contains information on syringe access, opioid overdose and the 911 Good Samaritan Law on its inside and outside covers. In July 2013 NYSACOP completed a police training video on NYSDOH's syringe access and opioid overdose programs. It will develop a template of an operations order or training bulletin any police department can adapt to create its own guidance document. These efforts have resulted in new opportunities to connect with and educate law enforcement entities across the state and have greater impact because the materials are created by law enforcement for their peers.

The AIDS Institute also serves as liaison between city and state officials, including representatives from the NYC DOHMH, NYC Office of the Mayor, the State Office of Alcohol and Substance Abuse Services (OASAS), the NYC Mayor's Office of the Criminal Justice Coordinator, community boards, business owners, community organizations, stakeholders and activists to address their concerns about syringe access.

FUNDING OVERVIEW

New York State is the primary funder of the syringe exchange initiative, and the NYSDOH AIDS Institute has contracts with each syringe exchange program. State funding for the SEPs totaled \$6.9 million in the 2013/14 fiscal year, including \$2.4 million which supports the amfAR contract for harm reduction supplies. Ancillary services such as outreach and prevention interventions are funded by the federal Centers for Disease Control and Prevention. Public Health Solutions Ryan White Part A funds support recovery readiness, relapse prevention and mental health services for HIV-positive participants in NYC-based SEPs. A total of **\$9.3 million** from all sources was available in the 2013-14 fiscal year for SEP operations and ancillary services. The NYC DOHMH and the New York City Council have allocated funds to SEPs in NYC for program expansion to include opioid overdose prevention and buprenorphine treatment for opioid addiction.

Throughout the years, funding for these programs has been limited, especially in relation to their proven effectiveness in decreasing new HIV infections. Many SEPs have sought funding from other sources, and have recruited and trained volunteers to minimize operating costs.

The ban on use of federal funds for syringe exchange was lifted in 2009, and reinstated in 2011. The ban significantly hampers a wider adoption of an effective intervention needed in the fight

against HIV and viral hepatitis. This funding restriction creates a barrier for programs that often have few resources. Efforts need to be redoubled to educate all stakeholders about the negative consequences of the ban.

IV. LOOKING TOWARD THE FUTURE

PROGRAM SUSTAINABILITY

Like most successful public health initiatives, syringe exchange is challenged to sustain itself over time. The burgeoning heroin and opioid crises in New York State underscore the importance of not only sustaining, but expanding these critically needed and proven effective preventive services. Furthermore, the targeted investigations conducted by the Viral Hepatitis Section over the past couple of years among young people who inject drugs have found that this population is at risk for sharing drug use paraphernalia, and having little or no access to syringe exchange or ESAP. **To ensure continued progress and avoid immense human and financial costs, continued investment in this evidence-based, highly effective HIV and HCV prevention program is essential.** The AIDS Institute has increased funding for syringe exchange, even in challenging times. Programs continue to open throughout New York State. Existing programs expand their services, open new sites, and develop innovative models. In addition, through the NYS Medicaid Redesign Team (MRT), NYSDOH is pursuing federal approval for SEPs to bill Medicaid for some services for Medicaid-eligible participants. This would give programs another revenue stream, allowing expansion. **The AIDS Institute maintains its commitment to syringe exchange.**

CONTINUING THE COMMITMENT

Reaching IDUs not currently using syringe access programs to engage them in services remains a challenge. Hard-to-reach IDU populations include adolescents and young adults, women with children, active users who are in acute or chronic stages of illness, steroid injectors, transgender individuals, persons who are physically and/or mentally challenged, rural residents or those with transportation barriers, and individuals outside the mainstream with chaotic lives. A key program objective entails expansion of Peer Delivered Syringe Exchange, with the concomitant dedication of resources for recruitment, training and supervision of peers, as well as continued marketing and expansion of ESAP.

Programs need ongoing outreach and engagement with community boards, law enforcement and criminal justice agencies (including local police precincts), and community-based organizations to reduce opposition, strengthen cooperation, and create and maintain linkages. The AIDS Institute and SEPs spend significant time and effort responding to community and law enforcement issues, which is a drain on limited resources.

Continued data collection and program evaluation are critical. AIDS Institute and BIMC researchers agree on the need to more intensely study current program models to identify the elements which contribute to success, and maximize limited resources.

"Now I have a purpose in life. If I can make one person feel better, if I can give one person hope, then I have done what I think I have been put on this earth to do. Because I know I wasn't put on this earth to drink and do drugs. That's a part of my life where I have closed that chapter."

– Syringe exchange participant

The NYSDOH AIDS Institute is committed to protecting the health of all New Yorkers, and in particular to addressing the needs of injection drug users, their partners and families. By keeping IDUs healthy and enhancing their quality of life, a dual purpose is served: conservation of health care resources and preservation of public health and public safety. In addressing the challenges to meeting these goals, the AIDS Institute looks forward to continued close collaborations with the community, advocates, community-based organizations and health care providers, law enforcement and criminal justice entities, researchers, and governmental partners at the federal, state and local levels. Together, the tremendous success achieved by comprehensive Harm Reduction Syringe Exchange over the past 20 years can be surpassed. The AIDS Institute pays tribute to the pioneering efforts of all those who fostered syringe exchange, laying the foundation for New York's most successful HIV prevention initiative.

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APPENDIX 1**NATIONAL AND STATE ORGANIZATIONS ON RECORD SUPPORTING
HARM REDUCTION SYRINGE EXCHANGE**

- National Commission on AIDS
- National Institutes of Health
- National Institute on Drug Abuse
- United States Conference of Mayors
- New York State AIDS Advisory Council
- American Public Health Association
- American Medical Association
- American Pharmaceutical Association
- American Bar Association
- Association of State and Territorial Health Officials
- National Alliance of State and Territorial AIDS Directors
- New York Academy of Medicine
- Latino Commission on AIDS
- Injection Drug Users Health Alliance
- Harm Reduction Coalition
- National Black Leadership Commission on AIDS
- New York State Association of Substance Abuse Programs
- New York State Department of Health
- New York City Department of Health and Mental Hygiene
- New York State Office of Alcohol and Substance Abuse Services

APPENDIX 2

CURRENTLY APPROVED SYRINGE EXCHANGE PROGRAMS

There are 22 authorized SEPs in New York State – 14 in New York City and eight in other areas (Appendix 3 shows the sites). Many of the programs have several sites or conduct exchange in additional neighborhoods. The programs were authorized gradually over the years since the regulations were promulgated. The 22 syringe exchange programs have 60 sites and provide more than 875 hours of syringe exchange services weekly, excluding peer-delivered syringe exchange. The SEPs are listed in the order in which they were authorized.

New York City Syringe Exchange Programs	Service Area(s)
New York Harm Reduction Educators, Inc.	Bronx, Manhattan
Lower Eastside Harm Reduction Center	Manhattan
Housing Works, Inc.	Manhattan, Brooklyn
St. Ann's Corner of Harm Reduction, Inc.	Bronx
Association of Drug Prevention and Treatment (Closed August 2004)	Brooklyn
Harlem United Community AIDS Center/FROST'D	Bronx, Brooklyn, Manhattan
Positive Health Project, Inc.	Manhattan
Family Services Network of New York, Inc.	Brooklyn
BOOM!Health, formerly CitiWide Harm Reduction Program, Inc.	Bronx, Manhattan
AIDS Center of Queens County, Inc.	Queens
After Hours Project, Inc.	Brooklyn
Queens Hospital Center (Closed 2007)	Queens
Safe Horizon, Inc./Street Works	Manhattan
Washington Heights CORNER Project	Manhattan
Community Health Action of Staten Island, Inc.	Staten Island
Voices of Community Activists and Leaders	Brooklyn
Upstate/Long Island Syringe Exchange Programs	Service Area(s)
Evergreen Health Services of WNY, Inc., formerly AIDS Community Services of WNY	Buffalo, Western Region
Trillium Health, formerly AIDS Care Center, Inc.	Rochester, Finger Lakes Region
Urban League of Westchester, Inc.	Westchester
Southern Tier AIDS Program, Inc.	Ithaca, Broome Counties and Southern Tier Region
Catholic Charities AIDS Services, Inc.	Albany and Northeastern NY Region
Access Care and Resources Health , formerly AIDS Community Resources, Inc.	Syracuse and Central NY Region
Long Island Minority AIDS Council, Inc.	Nassau and Suffolk Counties
Hudson Valley Community Services	Newburgh, Beacon, Poughkeepsie

The summaries below, displayed alphabetically, provide a snapshot of the types of organizations and services offered by each approved SEP. The statistics are cumulative through September 30, 2013.

Access Care and Resources Health's (formerly AIDS Community Resources, Inc.) Safety First Syringe Exchange Program was approved in July 2011 and began operations in December. The agency offers syringe exchange via a mobile van in multiple locations in Syracuse. Access Care and Resources Health is able to conduct "Special Arrangements" syringe exchange and PDSE for injection drug users who live outside Syracuse but within ACRH's nine-county catchment area. The agency is also a Community Service Program, providing HIV prevention and support services. Since the SEP's inception, Access Care and Resources Health enrolled 559 participants.

After Hours Project, Inc. (AHP) has been providing comprehensive syringe exchange services since April 2005. The agency has a storefront site in Bedford Stuyvesant and uses a mobile van to provide ESAP services throughout Brooklyn neighborhoods. In addition, AHP offers PDSE, case management, medical transportation, mental health services, treatment readiness, HIV/HCV counseling and testing, and screenings for syphilis, gonorrhea and Chlamydia. AHP also has an opioid overdose prevention program. Since 2005, AHP has enrolled 4,497 participants.

AIDS Center of Queens County, Inc. (ACQC), the first agency to provide syringe exchange services in Queens, was approved in November 2004, and has four sites. The Long Island City, Jamaica and Far Rockaway sites have mobile van services, while SEP services in Woodside are offered in a storefront. ACQC also has a robust PDSE program and an opioid overdose prevention program. More than 2,823 individuals have been enrolled in ACQC's SEP.

BOOM!Health (formerly CitiWide Harm Reduction Program, Inc.), was approved in December 1995 to serve residents of SROs in the Bronx and Upper West Side of Manhattan. Subsequently, the agency was authorized to provide syringe exchange services from its storefront, and street side via a mobile van in the Bronx. The program has partnered with HELP/PSI, a substance use treatment program, to provide medical and mental health services, including HIV counseling and testing, STD and HCV screening at CitiWide's storefront. On-site activities include a drop-in center, pharmacy, individual and group counseling, case management and peer training and an opioid overdose prevention program. This program has enrolled 8,285 participants.

Catholic Charities AIDS Services, Inc. (CCAS) received SEP approval in July 2009. Mobile van operations began in February 2010, with sites in Arbor and South Hills in Albany, and expanded mobile services to Schenectady in June 2012. Catholic Charities AIDS Services is also approved to conduct syringe exchange through "Special Arrangements" to furnish syringes to injection drug users in counties where CCAS has satellite offices. The agency offers safer injection and substance use education and subcontracts with another agency to provide safer sex counseling. In addition, CCAS offers HIV and HCV testing, as well as opioid overdose prevention trainings to Nar-Anon Groups, community-based organizations and users. CCAS has enrolled 707 participants.

Community Health Action of Staten Island, Inc. (CHASI) was approved to conduct syringe exchange services in December 2009. The agency uses a van-based model and a storefront. Community Health Action of Staten Island is a Community Service Program which offers a broad array of HIV health, prevention and supportive services to various populations. Starting in 2012, CHASI incorporated PDSE into its services. This agency also has an opioid overdose prevention program. CHASI has enrolled 1,182 syringe exchange participants.

Evergreen Health Services of WNY, Inc. (formerly AIDS Community Services of Western New York) was originally approved in September 1993 and is currently housed in a Community Service Program/health service organization. On-site HIV and STI counseling and testing are offered, and participants are given supportive counseling at the time of their syringe exchange transaction. The agency's SEP also uses "Special Arrangements" and PDSE order to engage hard-to-reach populations. Evergreen Health Services of WNY's opioid overdose prevention program has been responsible for a significant proportion of all reported overdose reversals in NYS. Since September 1993, the program has enrolled more than 10,114 syringe exchange participants.

Family Services Network of New York, Inc. (FSNNY), approved as a SEP in December 1995, is a multi-service organization providing social services in the Bushwick, Brownsville and East New York neighborhoods of Brooklyn. Syringe exchange services are offered from these two storefronts and integrated into the program's case management and other supportive services. Family Services Network of New York also has an opioid overdose prevention program. Since December 1995, FSNNY has enrolled 9,887 syringe exchange participants.

Harlem United Community AIDS Center/FROST'D (formerly Foundation for Research on Sexually Transmitted Diseases), approved as a SEP in April 1995, is a vehicle-based SEP which targets the Tremont section of the Bronx, the East Harlem section of Manhattan, and the Coney Island, Bedford Stuyvesant, Brighton Beach and Bushwick sections of Brooklyn. In addition to syringe exchange, the program offers hot meals, distribution of clothing and sleeping bags, and HIV counseling and testing. FROST'D also has an opioid overdose prevention program. FROST'D formed a strategic alliance with Harlem United in early 2007 and merged in 2012. In 2013, Harlem United began sending mobile medical and dental vans to accompany SEPs at its service locations. Since June 1995, FROST'D enrolled 5,583 syringe exchange participants.

Housing Works, Inc. (HW), approved as a SEP in October 1992, differs from other models in that its SEP is limited to HW participants. Housing Works, an AIDS service organization that provides housing, advocacy, and supportive services to homeless people with HIV/AIDS, has integrated syringe exchange into broader agency services. The agency has also incorporated syringe exchange into three of its adult day health care sites – one each in the Lower West Side and Lower East Side of Manhattan, the other in East New York in Brooklyn. Since October 1992, HW has enrolled 728 syringe exchange participants. HW is also a provider of opioid overdose prevention and ESAP services.

Hudson Valley Community Services, authorized in the last quarter of 2013, will begin SEP services with mobile van sites in three counties in its catchment area. The agency intends to implement PDSE to offer harm reduction supplies and services to the less-urban and underserved areas in the Mid and Lower Hudson areas.

Long Island Minority AIDS Coalition, Inc. (LIMAC), approved in October 2011, has established sites in Hempstead (Nassau County) where operations began in March 2012, and in Shirley (Suffolk County) in 2013. LIMAC also has approval to conduct syringe exchange through "Special Arrangements" and PDSE. PDSE is particularly important because of Long Island's large geographic area, lack of adequate public transportation and other barriers to utilizing mobile van sites. The agency also has an opioid overdose prevention program. In its first nine months of operations, LIMAC has enrolled 675 participants since March 2012.

Lower East Side Harm Reduction Center (LESHRC), approved in July 1992, provides comprehensive harm reduction services, including syringe exchange, from a neighborhood storefront in the Lower East Side of Manhattan. In addition, LESHRC utilizes a street-based "walkabout" model to provide syringe exchange services to IDUs in targeted areas through the Lower East Side and East Village. In 2004, the agency was approved to expand its walkabout program to IDUs and transgender hormone users in the Lower West Side of Manhattan. LESHRC also conducts PDSE to expand syringe access to hard-to-reach communities throughout New York City. Other services include ear-point acupuncture, mental health services, drop-in center, peer education training and support groups. Health services include HIV/HCV testing, vaccinations, abscess care, psychiatry including buprenorphine induction, and youth services. The LESHRC also has an opioid overdose prevention program and has reported a substantial number of overdose reversals. Since July 1992, Lower East Side Harm Reduction Center has enrolled 21,911 participants.

New York Harm Reduction Educators, Inc. (NYHRE), approved as a SEP in July 1992, provides comprehensive syringe exchange services in neighborhoods in the Bronx and the East Harlem section of Manhattan. The program's activities are conducted in street-based settings via sidewalk tabling, tents or mobile vans. Services include, but are not limited to, client advocacy, support groups, individual and group counseling, mental health services, referrals, short-term behavioral interventions, and ear-point acupuncture. It also provides opioid overdose prevention services. Since 1992, New York Harm Reduction Educators has enrolled approximately 51,443 participants.

Positive Health Project, Inc. (PHP), approved as a SEP in April 1995, targets injection drug users, sex workers, transgender hormone users, and other substance users in the Chelsea/Clinton section of Manhattan. PHP's syringe exchange services are storefront-based. Services include client advocacy, support groups, mental health services, drop-in center and HIV/AIDS educational workshops. Positive Health Project also has an opioid overdose prevention program. Since July 1995, the program has enrolled 6,702 participants. In 2012, Positive Health Project became part of Housing Works, providing PHP participants with a streamlined, coordinated linkage to Housing Works' network of primary care, HCV, psychiatric and health home care management services.

Safe Horizon, Inc. initially operated as a satellite syringe exchange of the Lower East Side Harm Reduction Center. In January 2006, Safe Horizon received approval to conduct syringe exchange as an independent entity. Safe Horizon serves throwaway, runaway and homeless street youth and offers HIV prevention education; supportive services, including individual and group counseling; art therapy; and meals/nutrition education. Safe Horizon also has an opioid overdose prevention program. The agency has served 1,339 youth through its storefront, walkabout and PDSE services.

Southern Tier AIDS Program, Inc. (STAP), approved as a SEP in January 2002, is the only syringe exchange program serving the Southern Tier and rural areas in upstate New York. STAP operates two fixed-site SEPs in Tompkins and Broome counties, a mobile syringe exchange van, and PDSE services. The use of the van-based services and peers recognize that STAP's largely rural service region requires multiple approaches to meet the tremendous needs of rural IDUs. In addition to receiving new injection supplies, SEP participants can be tested for HIV/HCV, train to be an opioid overdose responder, receive referrals, and learn safe injection techniques and syringe disinfection measures. STAP also has extensive HIV prevention and service programs. The agency has enrolled 3,496 participants since inception in 2002.

St. Ann's Corner of Harm Reduction, Inc. (SACHR), approved as a SEP in December 1992, provides street-based, storefront and PDSE services in the Bronx. St. Ann's storefront provides comprehensive services including client advocacy, drop-in center, soup kitchen, support groups, acupuncture, mental health services, stress reduction and other harm reduction activities. Specific behavioral interventions for women are available. SACHR also has an opioid overdose prevention program. Since February 1993, this agency has enrolled 17,035 participants in their SEP.

Trillium Health (formerly AIDS Care Center, Inc.) formed from the merger of an HIV/AIDS Community Service Program (AIDS Rochester) and a community health center, offers comprehensive preventive health services to IDUs through its SEP. These services include client advocacy, opioid overdose prevention, ESAP and on-site provision of HIV counseling and testing. Syringe exchange services take place in a storefront apart from the health center. This agency targets the eight counties of the Finger Lakes. Since its original approval in December 1993, the program has enrolled 4,003 participants.

Urban League of Westchester, Inc. (ULW), approved as a SEP in January 2007, operates its SEP from a storefront in Mount Vernon, making services accessible to drug injectors in the lower Hudson Valley. In 2012, the agency implemented behavioral intervention counseling. The ULW also provides outreach services, harm reduction education and group counseling, as well as HIV counseling and testing through community partners. Since April 1997, the program has enrolled 675 syringe exchange participants.

Voices of Community Activists and Leaders (VOCAL-NY) (formerly New York City AIDS Housing Network) was authorized in May 2010 to conduct syringe exchange services from its storefront near downtown Brooklyn, as well as through PDSE. The agency also offers overdose prevention, HCV testing and care coordination, addiction treatment referrals and other services for people who inject drugs. In addition to the agency's drug user health services, VOCAL-NY's NY Users Union is a community organizing effort to build advocacy among

low-income people who use drugs to establish human rights and health-based approaches to drug use. The agency has enrolled 378 participants since its inception.

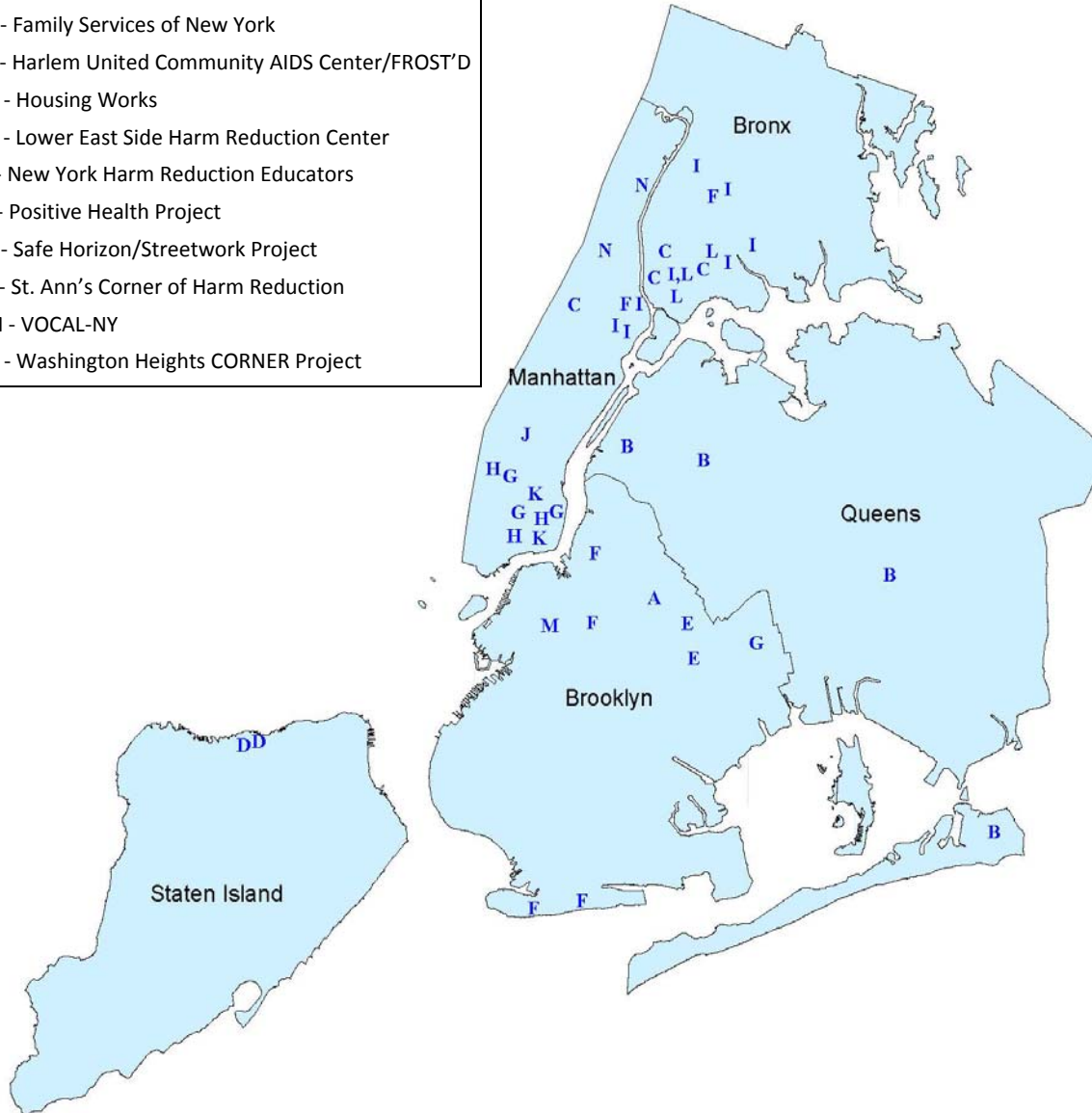
Washington Heights CORNER Project (WHCP) received approval to conduct syringe exchange in Upper Manhattan in June 2007. The agency reaches homeless IDUs and offers drop-in services, health care assessments, women's medical care, individual and group counseling and PDSE. This agency also has an opioid overdose prevention program. In 2013, WHCP received authorization to expand SEP services into Hamilton Heights, just south of Washington Heights. WHCP has enrolled 1,020 participants.

Association of Drug Abuse, Prevention and Treatment (ADAPT) and Queens Hospital (QH) had authorized SEPs; ADAPT is now closed and QH no longer offers syringe exchange services.

APPENDIX 3

AIDS Institute Syringe Exchange Programs - New York City

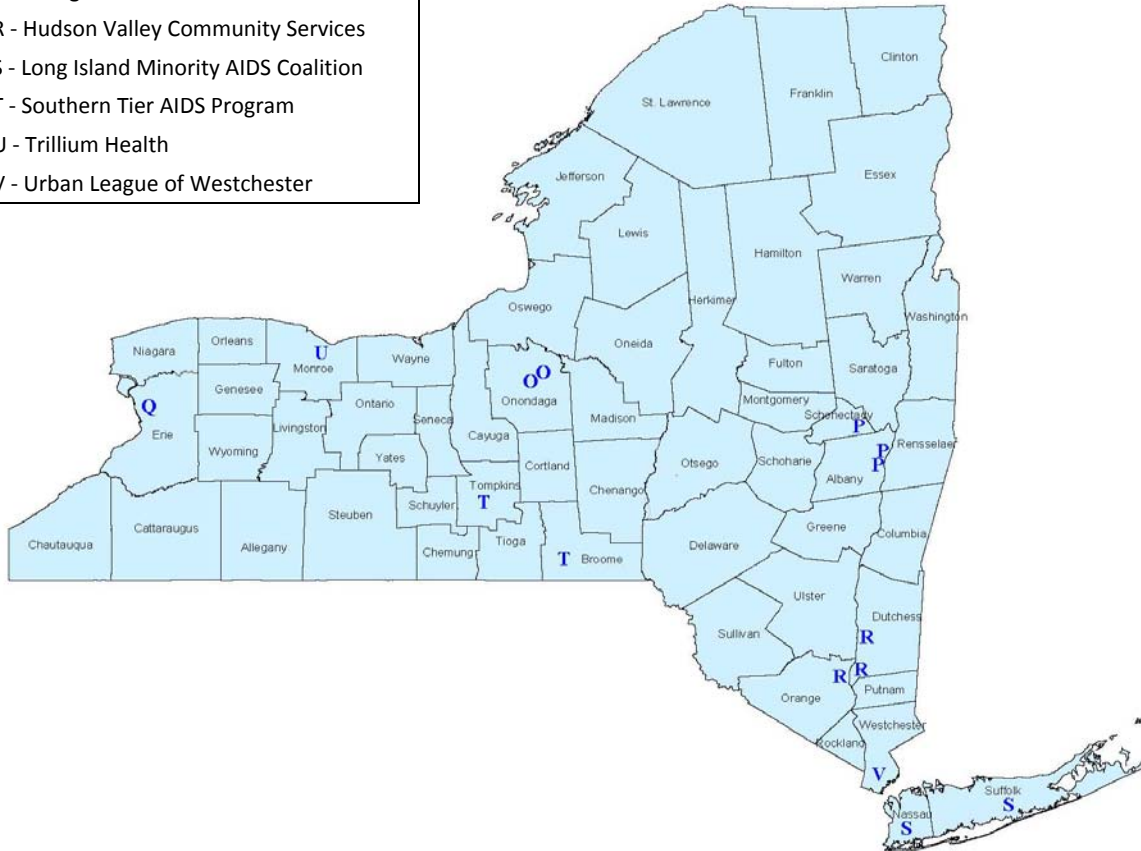
SEP Sites
A - After Hours Project
B - AIDS Center of Queens County
C - BOOM!Health
D - Community Health Action of Staten Island
E - Family Services of New York
F - Harlem United Community AIDS Center/FROST'D
G - Housing Works
H - Lower East Side Harm Reduction Center
I - New York Harm Reduction Educators
J - Positive Health Project
K - Safe Horizon/Streetwork Project
L - St. Ann's Corner of Harm Reduction
M - VOCAL-NY
N - Washington Heights CORNER Project



APPENDIX 3

AIDS Institute Syringe Exchange Programs - New York State (excluding NYC)

- SEP Sites**
- O - Access Care and Resources Health
 - P - Catholic Charities AIDS Services
 - Q - Evergreen Health Services
 - R - Hudson Valley Community Services
 - S - Long Island Minority AIDS Coalition
 - T - Southern Tier AIDS Program
 - U - Trillium Health
 - V - Urban League of Westchester



APPENDIX 4

AIDS Institute Substance Use Related Initiatives

- 1989** Co-Location of HIV Counseling and Testing in drug treatment settings
- 1990** Co-location of Primary Care and Substance Abuse Services in Substance Abuse Treatment Programs
Substance Use and HIV Risk Reduction Counseling in Community Health Centers
Outreach to Law Enforcement regarding legality of syringe possession
- 1992** Authorized Harm Reduction/Syringe Exchange Programs - - Collaboration among NYSDOH, NYCDOH, AmFAR, Syringe Exchange Programs, Beth Israel, OASAS
- 1994** Substance use and HIV risk reduction counseling in community-based organizations with LGBT focus
Harm Reduction/Recovery Readiness/Relapse Prevention counseling in syringe exchange programs and substance treatment settings in collaboration with NYCDOH
- 1997** Mental Health Services in syringe exchange programs in collaboration with NYCDOH
- 1997** HCV Prevention, Testing and Referrals in syringe exchange programs in NYC and development of a curriculum for HCV prevention education in collaboration with NYCDOH
- 2000** Legal sale/furnishing of syringes without a prescription-Expanded Syringe Access Program (ESAP)
- 2001** NYS Sharps Collection Program
- 2002** Buprenorphine included in the ADAP's formulary, training to clinicians
- 2003** Clinical guidelines focusing on substance users developed
- 2004** NYSDOH Hepatitis Integration Strategic Plan
- 2006** Opioid Overdose Prevention Programs
- 2007** Peer Delivered Syringe Exchange
- 2007** Sexual Health Promotion for Drug Users: Curriculum and Training
- 2009** Substance Use in Patients with HIV/AIDS; HIV Clinical Guidelines for Primary Care Practitioner
- 2010** Harm Reduction Coalition collaboration with NYSDOH developed: Access to Care as a Right!!
Collaboration with partners to reconcile Penal Law language in relation to possession of syringes and drug residue
Enhanced outreach for HIV testing and transition to drug treatment services
- 2012** Hepatitis C Pilot
- 2013** PWID (People Who Inject Drugs) Survey/Study