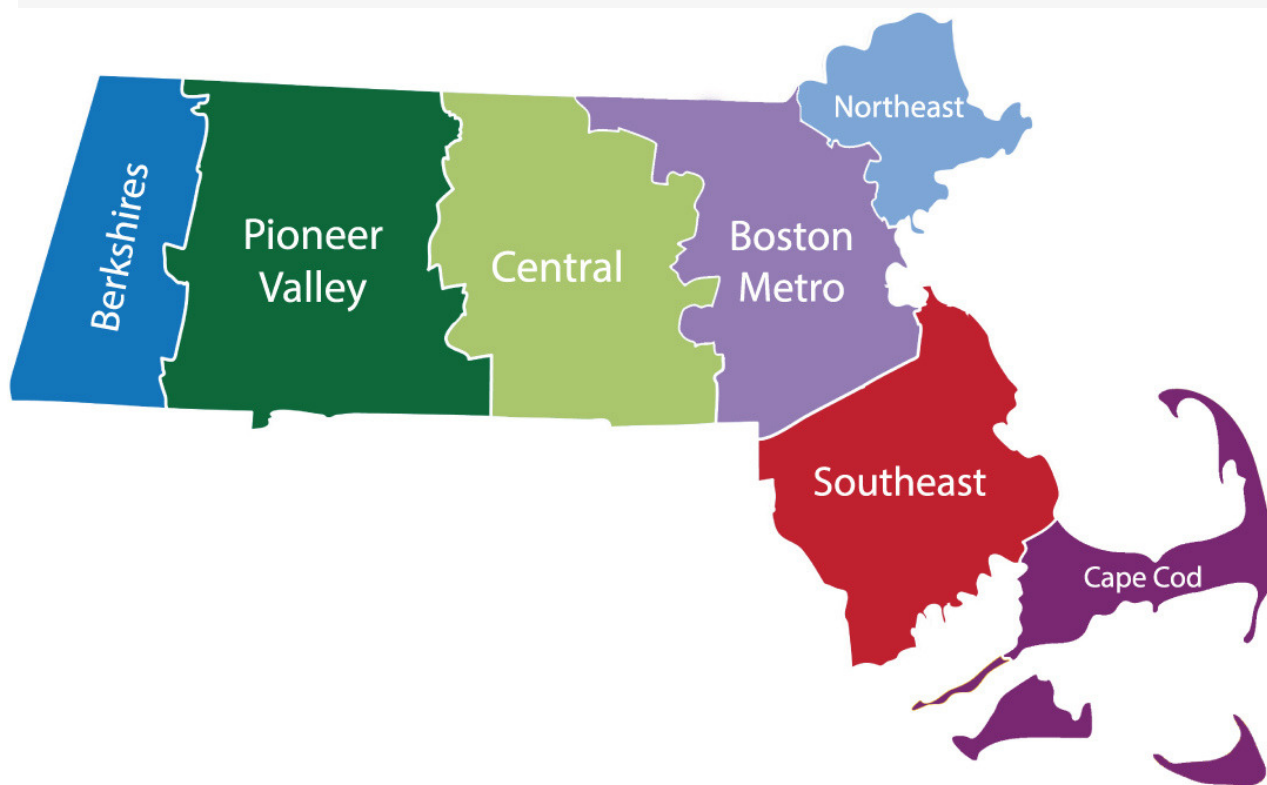

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RURAL HARM REDUCTION: PEER NETWORK NEEDLE EXCHANGE IN THE BERKSHIRES



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This document assumes a working knowledge of syringe access programs, challenges facing rural SAPs, and the importance of peer-to-peer networks within communities.

CONTEXT

Public health interventions in rural communities face unique challenges that are not present in urban environments. Local, state, and federal policies intersect with geography and socioeconomic factors and form barriers to access which prevent the most vulnerable populations from receiving care. Massachusetts has seen a drastic increase in HIV diagnoses among intravenous drug users (Commonwealth of Massachusetts, 2017).

Research shows that public health programs, such as free needle exchanges (Normand, Vlahov, & Moses, 1995), HIV/HCV/STI screening (Pratt, Paone, Carter, & Layton, 2002), counseling (Stopka, Marshall, Bluthenthal, Webb, & Truax, 2007), treatment (Pratt et al., 2002) and overdose prevention (Lankenau et al., 2013) reduce rates of infection and improve overall health outcomes in urban communities (Ompad & Fuller, 2005).

However, the efficacy of harm reduction interventions hinge on the ability of providers to reach as many community members as possible. As such, expanding these programs to serve rural communities will require innovative outreach strategies that have not been fully developed or implemented in the state of Massachusetts.

Peer Helpers are the link between physical Syringe Access Program (SAP) sites, staff, and the injection drug users (IDU) who will not come to the SAP. Recruited from program participants, Peer Helpers distribute harm reduction kits to their networks in exchange for used needles. Reused and shared needles increase the risk of HIV and HCV in IDU populations, but SAP staff have limited access to these networks.

The purpose of this study was to identify barriers to, and strategies for, providing harm reduction services for intravenous drug users in rural Western Massachusetts.

METHODOLOGY

Tapestry Health's North Adams and Greenfield Syringe Access Programs (SAPs) serve towns of less than 20,000. Conversations between staff and program participants indicated that these two programs faced different challenges from Tapestry's other, more urban, locations. The Assistant Director for Drug User Health had seen peer helper needle exchange networks, mobile outreach units, and unconventional hours be effective in urban settings, and wanted to explore their effectiveness as well as implementation here in the Berkshires.

Focus group and survey responses showed the existence of unofficial peer helper networks. Some individuals distribute new syringes, but not collect used, while others visit the SAP often enough to have extras for friends in need.

This feedback was integral to developing the peer helper program outlined below, which has been adapted from guidelines released by the Harm Reduction Coalition and NYC Health.

Research was a three step process.

First, a focus group was held at the North Adams location.

A survey was then created from those findings and distributed to both North Adams and Greenfield, with a short questionnaire distributed in Holyoke.

Additionally, three sites (Northampton, North Adams, and Greenfield) began tracking participant visits by the hour in order to identify opportunities for unconventional hours and mobile outreach.

GOALS:

- Design a viable peer-to-peer needle exchange program for North Adams, Greenfield, and similar rural areas.
- Assess both need and interest in:
 - Mobile syringe exchange
 - Mobile STI testing
 - Unconventional hours
- Begin identifying off-site outreach locations.
- Gather participant feedback on how Tapestry can improve and expand SAP services.

TAPESTRY HEALTH SAP: PEER HELPERS

In order for a Peer program to work, each SAP must be functioning properly. Staff must track the number of incoming used syringes each Peer Helper brings for exchange, and the number of sterile supplies they take.

This is an opportunity for staff to keep a credit log of exchanged supplies, which would allow participants to drop off syringes, then pick up sterile supplies later.

Staff also should be sure to ask “do you need more Narcan today” at every interaction. If the answer is yes, and the participant has received Narcan before, staff should follow up by asking what happened to the last kit staff had given them. If the kit was used, staff should explain the importance of taking a brief overdose report, and take the report. It is important to be sensitive to the traumatic nature of these reports, and realize that participants may say they lost Narcan doses rather than recount an overdose reversal.

Peer training is an important way for staff to stay educated and connected to the program participants.

First, SAP managers double-check that all staff are properly trained on Peer Helper-related topics.

The staff then train peers, and peers teach their network.

North Adams, Greenfield, and Northampton have recently begun recording hourly traffic to their locations, and this is expected to continue for several months. SAP managers are using this to identify trends in visits so they can establish unconventional hours, assess the viability of a mobile outreach program, and improve overall accessibility.

Further information on this can be found at Future SAP Programs, Mobile Outreach and Unconventional Hours.

REMEMBER:
PEER HELPERS ARE VOLUNTEERS
NOT EMPLOYEES OF TAPESTRY
HEALTH

RECRUITMENT AND EXPECTATIONS

Peers will be recruited from participants who already use the North Adams and Greenfield locations. They must be willing to do brief trainings, as well as pass quizzes, on Hepatitis C, safe injection, and HIV in order to become qualified as a Peer.

Their minimum responsibility is to return used syringes to the SAP, and exchange for sterile supplies.

The site or program manager is expected to sit down with each Peer for a regular check-in. This meeting should be explained as an opportunity to help make participants roles as Peers, easier.

Staff also must become accustomed to asking Peer Helpers open-ended questions about their experiences as a Peer.

It was decided during program design that Peers should not document each exchange, as they do in more urban programs. Rather, Peers should focus on providing sterile, and returning used, supplies to their networks. Peers (and by extension, their network) should be held to the same 1:1+1 standard as other participants, with the understanding that the syringe return rate is not likely to be a perfect 1:1 ratio.

IDENTIFICATION

Peers who want identification can be provided with a card stating their role as a Tapestry Health SAP Peer.

Front:

Tapestry Health
[Location] SAP Peer
[[Contact number]

Back:

Description of Peer role
Mass. Gen. Laws ch. 94C, §1;
Mass. Gen. Laws ch. 94C, §32-I

The final wording of this card must be approved by the Rural Harm Reduction program managers or legal advisors.

FUTURE SAP PROGRAMS

PEERS & TRAININGS

While the minimum expectations for Peers were detailed above, additional community involvement is encouraged if peers are interested.

Immediately applicable are referrals. For each new person a Peer Helper brings to a physical Syringe Access Program site and enrolls in the exchange program. This same model can be applied to testing facilities. For each new peer a Helper brings in for STI testing, they can receive compensation. Further North Adams and Greenfield Peer Helper involvement will require adaption of programs that already exist at other sites, and a strong network of Peer Helpers.

Establishing a schedule of regular harm reduction trainings will allow Peer Helpers to bring members of their network in to the SAP to learn about harm reduction.

This is also an opportunity for Helpers to teach their peers under the supervision of SAP staff, and for staff to ensure Helpers are teaching correctly. Peer Helpers are to be compensated for every new person they bring to training.

The state of Massachusetts requires overdose reports to be taken when SAP participants request Narcan refills. A long-term goal of the Peer program is to have Peers take overdose reports, distribute Narcan, and teach their network proper Narcan administration.

Compensation and recruitment for training programs will depend on the design of each SAP's training. If trainings cover general harm reduction techniques, then each new person brought is equivalent to one unit of compensation.

However, if the trainings are specialized, where the same person could attend three different trainings and learn about three dissimilar topics, then it is up to the Program Manager to decide how compensation should work.

Ideally, Peer Helpers will be compensated in cash through donations Tapestry has received. In lieu of cash, gift cards may be used.

PEER HELPERS & OVERDOSE COMMUNICATION

Peers can also play a vital role in overdose prevention, and do so with minimal up-front effort on part of the SAP, via text message. A version of this is already in effect at the Northampton SAP, in partnership with the Northampton Police Department.

When law enforcement, first responders, or peers become aware of dangerous batches, they can text a central number with the identification stamp of said bags. This central number then sends a text message to everyone who has signed up for alerts. Included in this text is the bag stamp, information on how to minimize overdose risk and what to do in case of an overdose. When Peers receive this alert, they forward it (with the included messaging) to their networks. Recipients are then asked to forward it on to their contacts.

Establishing this system in Greenfield or North Adams will require a central number that can send and receive text messages, Peers, and communication between the SAP manager and local emergency responders. Google Voice offers a free, anonymous, app-based phone number that is tied to an email account.

Since Google Voice is an app, SAP staff can take turns being responsible for Tapestry's portion of this system. SAP managers and the Harm Reduction program manager should work together to decide how involved local law enforcement and emergency response services should be, based on local attitudes towards Peer Helpers and the SAP.

PEERS & POST-OVERDOSE FOLLOWUP

Once the Peer program is established, interested Peers may be trained to accompany a harm reduction outreach worker in post-overdose home visits. The North Carolina Harm Reduction Coalition (NCHRC) has found that most effective programs have minimal involvement with law enforcement officers (NCHRC, 2018). Instead, Peer Helpers can serve as a connection point between the harm reduction specialist and recently reversed individual.

If law enforcement is part of the post-overdose followup process, they should not appear in uniform, should undergo cultural competency training, and should perform a supporting role to the harm reduction specialist. More information can be found on the NCHRC website.

MOBILE OUTREACH & UNCONVENTIONAL HOURS

Mobile outreach will require assessment of Tapestry transportation policies as well as reviewing the daily visits log to determine the best time for off-site work. Establishing unconventional hours will require assessment of the daily visit logs, but will also require Peer feedback, as well as participant feedback for preferred hours and schedule changes. This research can be done through Peer networks and on-site visits by asking each participant when they most wish the SAP was open, and recording their answers.

PEERS, NARCAN DISTRIBUTION & TRAINING

A long-term goal of the Peer network is to have peers take overdose reports, distribute Narcan, and teach their peers proper Narcan administration. Due to state reporting requirements, this requires further research, an established Peer program, and a more formalized peer-to-peer overdose reporting process.

SYRINGE DROP BOX & CREDITS

SAP hours and personal lives do not always line up, as indicated by the want for a Peer program and unconventional hours.

Consequently, a syringe drop-box by the back door of the SAP, and syringe credit program, may be valuable to North Adams specifically. Greenfield participants often travel to Holyoke rather than be seen at the Greenfield location, so further research should be done before implementing this in Greenfield.

Syringe drop box: similar to a mail drop, placed at the back door of the NASAP. The issue will be tracking syringe returns by participant in order to do the 1:1+1 exchange.

Syringe Credit Program: this allows participants to drop off syringes and take fewer harm reduction supplies at that time, with the rest being “credited” to their identifier. Example:

Participant brings in 10 used syringes. Instead of leaving with 10 sterile harm reduction kits, they leave with 2. The other 8 can be picked up at any other time.

SUPERVISED INJECTION SITES

Supervised injection facilities would allow program participants to use safely, with sterile supplies, and under trained supervision. Supervised injection facilities have been shown to decrease HIV, HCV, and overdoses, but falls outside the scope of this project (Tyndall et al., 2006).

IMMEDIATE RECOMMENDATIONS

NORTH ADAMS

A poster of needle gauge sizes.

This should be at least 11 x 14, and be hung in the encounter room where participants can see it either a) while walking in and standing just inside the doorway or b) while sitting at the desk. It needs to include blunted needles of each gauge, and a 2-3 sentence description of when each needle size should be used.

SAP use and outreach sites

Continue to collect recommendations for mobile outreach sites. As participant visits are tracked and trends appear, this information will be essential for performing effective mobile outreach in North Adams. Current peer recommendations are .

- Tracks behind the Legion
- Free community meals
- McDonalds
- Homeless camps (unspecified)
- Big Y parking lot

A large poster listing all the services offered at the North Adams SAP.

This should include an open-ended prompt, like “ask us what Tapestry can do for you,” to inspire conversations about other Tapestry sites and services. This is also an opportunity for education about what is and is not a Tapestry location, since Northern Berkshire Medical and other organizations also offer similar services.

GREENFIELD

Track SAP use and outreach locations

Since most Greenfield participants prefer to use the Holyoke site, mobile outreach and Peer Helpers will be key to reaching the Greenfield area. Current peer recommendations are

- Town common
- Homeless camps (unspecified)
- Energy Park
- Train tracks
- Free community meals

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APPENDIX

MOBILE OUTREACH AND UNCONVENTIONAL HOURS SURVEY RESPONSES

WHAT ARE SOME OF THE BARRIERS YOU HAVE EXPERIENCED IN MAKING TO THE SAP?

"HOURS -- NOT LATE ENOUGH."

"TRANSPORTATION, LOCATION [PARTICIPANT LIVES 20 MILES AWAY]"

DO YOU THINK PEOPLE IN YOUR NETWORK WOULD USE A MOBILE EXCHANGE UNIT?

"YES, YOU DON'T HAVE TO WALK INTO THE BUILDING."

WHAT ARE SOME OF YOUR IDEAS FOR OUTREACH IN THIS AREA? ARE THERE SPECIFIC AREAS OF TOWN YOU THINK OUR TEAM WOULD REACH MORE PEOPLE AT?

NASAP:

TRACKS BEHIND THE LEGION

BIG Y PARKING LOT

MCDONALDS

HOMELESS CAMPS

FREE COMMUNITY MEALS

GSAP:

TOWN COMMON

HOMELESS CAMPS

ENERGY PARK

TRAIN TRACKS

FREE COMMUNITY MEALS