DC NEX

District of Columbia Needle Exchange Programs
Policies and Procedures Manual

May 2009

Government of the
District of Columbia
Adrian M. Fenty, Mayor

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
Promote. Prevent. Protect.

This manual was assembled by the:

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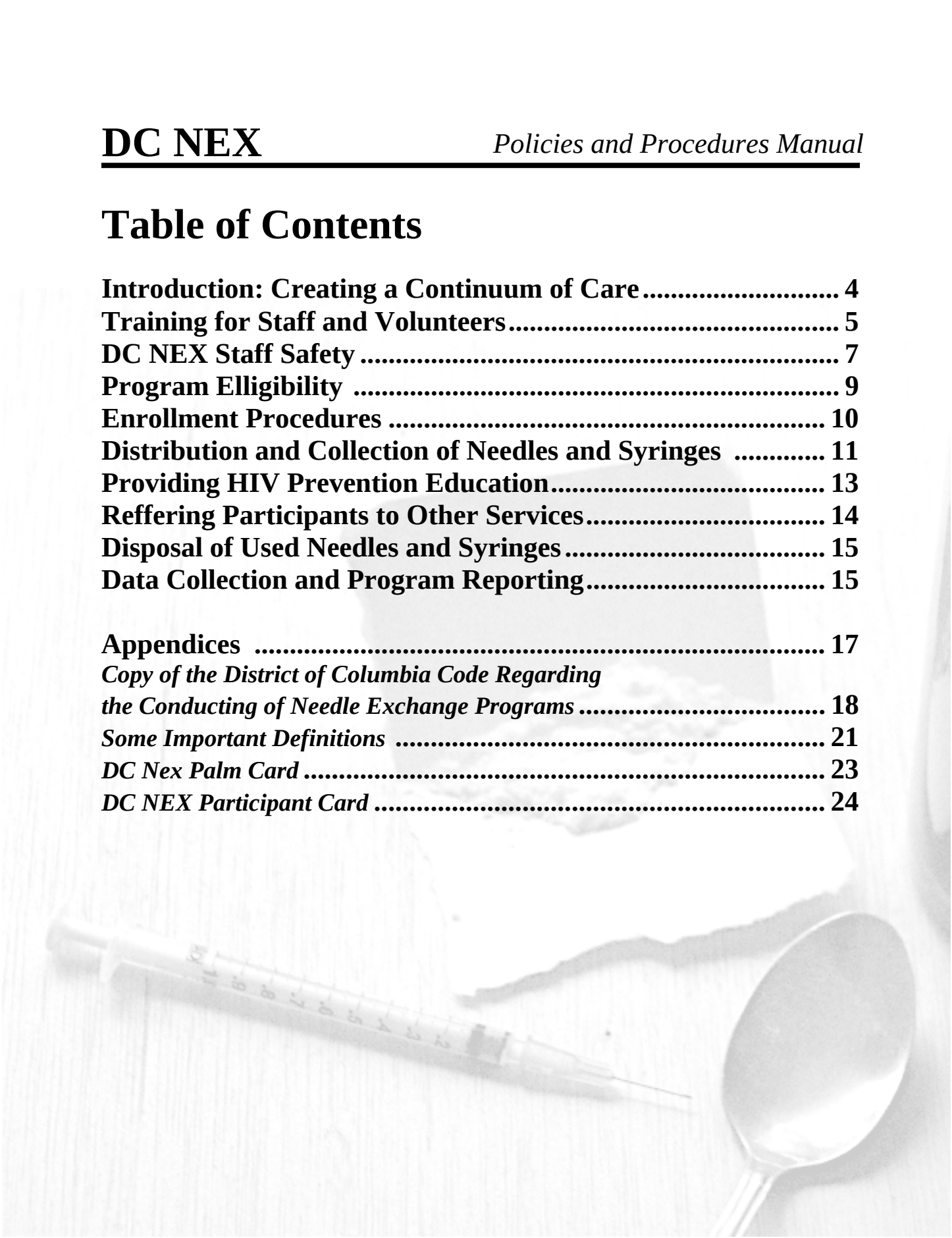


Introduction: Creating a Continuum of Care

The primary objective of the District of Columbia Department of Health HIV/AIDS Administration approved and directed Needle Exchange Programs (DC NEX) is to reduce the numbers of injection drug users (IDU) who are infected with HIV in the District of Columbia and to increase the number of District IDU who know their HIV and Hepatitis C status and have access to care and treatment.

The policies and procedures contained in this document have been developed for use by approved needle exchange programs (NEX) as guidelines for developing their own policies and procedures manuals and to ensure that organizations engaged in hypodermic needle and syringe exchange in the District are in compliance with the District of Columbia regulations governing the operation of such programs. The policies and procedures contained within these guidelines will serve to clarify the requirements as stated in the regulations and to assist needle exchange programs in the safe and responsible performance of this HIV/AIDS prevention intervention. To conduct a needle exchange program in the District, HAA expects that organizations understand and be in accord with evidence based needle exchange program components such as harm reduction philosophy and practice with program participants, motivational interviewing practices and the creation of a continuum of care for drug users; including drug use detox and treatment when appropriate.

Needle exchange programs are most effective at reducing HIV/hepatitis transmission and harm related to drug use when delivered as part of a continuum of care. Successful NEX programs regularly and repeatedly engage individual IDU over time to provide ongoing opportunities to link them into an array of services to improve their health. No single set of services or stand-alone providers can effectively address the needs of the wide range of races, ethnicities, social identities, risk behaviors, clinical statuses, and service expectations of clients throughout the District of Columbia. An effective service delivery system relies on establishing and maintaining a network that ensures access, retention, and coordination of all required care and support services.

An effective continuum of care is characterized by a full complement of client-focused, multidirectional interventions. The service delivery system model for drug users at risk for blood borne disease must include coordination, collaboration, comprehensiveness, co-location, and cultural competency. It must be a system with multiple points of entry and one that embraces the reality that clients utilize services in very different proportions, sequences, and frequencies. It should be designed to improve integration, cooperation, and focused outreach among an extensive provider network and incorporate early intervention, prevention, counseling and testing, and care services for people who use drugs. The needle exchange programs approved, funded, and operating under the direction of HAA must be an integral part of a broader system that recognizes the importance of every link in the chain.

1. TRAINING FOR STAFF AND VOLUNTEERS

Policy: All DC NEX staff, peers, and volunteers who collect or furnish syringes, male or female condoms, bleach kits and/or other harm reduction prevention materials to participants of the needle exchange program should complete a proper course of training *as appropriate to their level of involvement in program activities*.

Procedure: A calendar of suggested Harm Reduction trainings will be provided by the District of Columbia Department of Health. DC NEX programs are also encouraged to seek training from the Harm Reduction Training Institute in New York City.

A. The following topics should also be provided by the service provider to new DC NEX staff and volunteers prior to their work in NEX operations. Examples of topics to be covered include:

1. Orientation to the organizations array of services, eligibility requirements for program participation and the roles of existing staff with contact information;

2. Overview of harm reduction philosophy and the harm reduction model employed by the needle exchange program;

3. District of Columbia Needle Exchange Regulations (Chapter 11 Drug Paraphernalia; Subchapter I. General; 48-1103.01, 48-1104; and Subchapter II Distribution of Needle and Syringes near Schools; 48-1121 found in the District of Columbia Code. *(See Appendices)*

4. District of Columbia Department of Health approved policies and procedures to operate a Needle Exchange Program contained in this document including information for handling potentially infectious injection equipment, proper disposal of waste materials and prevention and handling of needle stick injuries;

5. Procedures to ensure that needles and syringes are securely handled and disposed of properly and in accordance with District law and regulations;

6. Procedures for making referrals to other services including primary medical care, drug detox and drug treatment, HIV Counseling and

Testing, prenatal care, tuberculosis screening and treatment, Hepatitis C screening and treatment and other sexually transmitted diseases;

7. Outreach methods for engaging target populations;

8. Cultural diversity training regarding race/ethnicity, gender identity, sexual orientation, socioeconomic status and employment status;

B. DC NEX programs should seek trainings that include the following topics for staff, peers and volunteers:

1. Information about Hepatitis A, B & C risk, screening, vaccination and treatment;

2. Basic overview of HIV disease including modes of transmission, prevention, spectrum of illness and treatment for active HIV disease;

3. Overview of other diseases prevalent in substance using populations, including sexually transmitted infections (STIs) and abscesses; including infection control precautions for syringe exchange program staff and volunteers.

C. Additional Recommended training topics include:

1. Addiction and recovery processes including relapse and relapse prevention, with additional training/support on relapse prevention for NEX staff and volunteers who are former or recovering substance users. This training may be provided by other available sources outside the program such as consultants, substance abuse treatment providers, etc;

2. Motivational Interviewing and other harm reduction practices designed to support the work of creating a continuum of care;

3. Behavioral Interventions including Stages of Change, Harm Reduction, Safety Counts, SISTA etc., and integration of these strategies into educational and support sessions.

4. Interpersonal skills development including how to work with difficult people, active substance users, setting boundaries;

5. Information regarding safer sex and safer injection education;

2. DC NEX STAFF SAFETY

Policy: All DC NEX staff and volunteers should observe proper safety and security precautions during needle exchange program operations.

Procedure: All DC NEX staff present during needle exchange operations should attend a needle stick injury prevention and management training prior to participating in NEX operations. Training topics include procedures for handling potentially infectious injection equipment, waste disposal procedures, and the prevention and management of needle stick injuries.

A. Prevention of Needle Stick Injuries

To prevent needle stick injuries to staff and program participants the following procedures should be followed:

1. DC NEX staff, peers, volunteers, and participants should be educated regarding safety precautions for carrying and handling of syringes and other “sharps”, with emphases on the organizations safety policies and procedures during visits to the exchange.

2. Participants should be instructed to recap all syringes they have personally used. If caps are not available, participants should be urged to cover used needles with cigarette filters, corks, or other similar protective materials. DC NEX staff, volunteers, and participants should be instructed never to recap syringes used by anyone else;

3. If necessary DC NEX staff and volunteers should remind participants not to crowd the exchange area(s).

4. Areas where DC NEX operations are conducted should have adequate lighting.

5. Staff, peers, and volunteers conducting exchange operations should never handle or touch used injection equipment.

6. All used injection equipment collected by the program should be placed in approved leak proof, rigid, puncture-resistant containers ("sharps" containers). Used containers should be conspicuously labeled by the NEX as "Contains Sharps".

7. During syringe exchange program transactions, sharps containers should be placed between the participants and staff/volunteers.

8 DC NEX personnel should never hold the sharps container during an exchange; the container should be placed on a secure table or on the ground and should be kept level at all times.

9. Any injection equipment that falls outside of the sharps container should be retrieved by the participant and placed in the sharps container. If this is not possible, program staff/peers/volunteers should use tongs to retrieve used injection equipment that falls outside the container.

10. Hazardous waste ("sharps") containers should <u>NEVER</u> be filled beyond the manufacturer's fill line; the container should never be more than 3/4 full.

11. DC NEX staff/peers/volunteers/participants should be instructed never to insert their hands into the sharps container or to forcibly push used injection equipment down into the container beyond the opening at the top.

12. Each DC NEX site should have the following safety equipment on-site during exchange operations: puncture-resistant utility gloves, bleach, and forceps or tongs; all of which could be used in the event of a container spill.

13. Program staff/peers/volunteers are encouraged to wear puncture-resistant utility gloves at all times when opening, sealing, or handling "sharps" containers.

14. All project staff and volunteers at the exchange site should be encouraged to wear protective clothing, including long pants and closed footwear to have limbs protected against possible needle sticks.

15. All DC NEX staff/peers/volunteers involved in the transport of hazardous waste should receive appropriate training in handling and disposal procedures and only staff/volunteers receiving such training are authorized to transport waste.

16. "Sharps" containers should be properly sealed and placed in leak proof disposable cartons with lids that close securely. These cartons must be conspicuously labeled "infectious waste".

B. Handling Needle Stick Injuries.
In the event of a needle stick or other occupational exposure, the following protocol should be followed:

1. Each agency should designate a Needle Stick Manager for the exchange site who will be present during NEX operations and responsible for 1) handling and assisting injured staff/peers/volunteers/participants; and 2) following the procedures for accident reporting;

2. Injured staff/peers/volunteers/participants report incidents immediately to the designated person at the exchange site;

3. The agency's Needle Stick Manager should immediately notify the ranking supervisor. The injured person should seek emergency room care preferably within 3 hours of the needle stick but not more than 12 hours after the occurrence.

3. PROGRAM ELIGIBILITY

Policy: Individuals requesting syringe exchange will be screened for, and must meet, program eligibility criteria, to be enrolled in DC NEX services. The primary criterion for eligibility for enrollment is self identification as an injection drug user.

Procedures: DC NEX staff may use the following screening process for program eligibility.

A. On the individual's first visit to the needle exchange, trained DC NEX staff/volunteers should perform a low threshold screening/assessment to determine program eligibility. NEX Screening should at the least include information regarding:

1) Type of substances/drugs being used;

2) Route of administration/brief description of individual's injection practices;

3) Number of years individual has been injecting drugs and;

4) Demographic information regarding age, race/ethnicity, zip code.

This assessment shall be done prior to enrolling a person in the NEX and issuing of an identification card;

4. ENROLLMENT PROCEDURES

Policy: All DC NEX participants are issued a DC NEX identification card with the clients' personal unique identifier.

Procedures: DC NEX staff/peers/volunteers issue NEX identification cards with unique identifiers as described below.

A. Issuing Participant Identification Cards.

1. Each individual who meets program eligibility criteria and is enrolled in the DC NEX program should be issued an identification card and assigned a unique ID code.

2. The anonymous unique identifier should be recorded at enrollment and used during subsequent exchange transactions to collect program utilization information.

4. The following is an example of a unique identifier used by a NEX program in another jurisdiction. The ID code could be an algorithm consisting of the first three letters of the participant's mother's first name and the participants date of birth.

For Example: For a participant whose mother's first name is Florence and whose birthday is January 12th 1965 the code would be:

FLO011265

This constitutes a useable unique identifier.

B. Obtaining and Recording Participant Information.

1. At an individual's first visit to the syringe exchange, trained program staff/peer/volunteers should request and record the information/characteristics that are needed for the creation of the unique identifier along with other pertinent information needed to complete a program participant registration form. The registration form will be designed by the NEX program for the purpose of gathering all the information necessary to complete monthly and quarterly reports to HAA and to provide well-informed referrals.

2. No corresponding record should be kept that may be used to identify the participant via his/her anonymous unique identifier.

3. Law enforcement entities requesting information on specific participants based on his/her ID card code may be given the basic demographic information contained in the code as well as the participant's initials or other identifying letters. If the NEX program has the name, address, or other contact information for the participant it should not be revealed under ordinary circumstances without written consent of the participant.

C. Definition of an Enrolled Program Participant.

1. A program participant is defined as a person who has met the program's eligibility criteria and has been issued a DC NEX identification card with a unique program identification code.

5. DISTRIBUTION AND COLLECTION OF NEEDLES AND SYRINGES

Policy: Organizations will furnish and collect needles and syringes according to the protocols described in this document and/or in agreement with its authorized DC NEX Injection Equipment Distribution Waiver approved by HAA.

Procedures: The following describes a process that may be used to furnish and collect needles and syringes through the organization's needle exchange program:

A. Syringe Exchange Protocol.

1. The goal of syringe exchange programs is to furnish new, sterile syringes to enrolled participants to enable individual's use of a new sterile syringe for every injection.

2. The number of syringes that may be furnished at initial and subsequent syringe exchange transactions must conform to the approved number of syringes outlined in this document.

3. The number of needles/syringes to be given to program participants at the initial registration encounter is ten (10). Subsequent exchanges of needles/syringes are to be made on a one for one basis.

4. DC NEX staff must justify all needle exchange transactions in which the numbers of needles that are issued either during the initial or subsequent syringe exchange transactions are greater than

the number of syringes the agency is approved to furnish. Documentation of all such transactions must be included on the transaction log.

B. Initial Encounter.

1. The new enrollee may be provided with ten syringes at the initial registration encounter.

2. Each participant is offered harm reduction supplies including: cotton, alcohol pads, male and female condoms, dental dams, caps, band-aids, individualized or one (1) quart sharps container when available, bleach bottles, water bottle, paper or plastic bags, other supplies as available, and educational materials.

3. Distribution of harm reduction supplies should be accompanied by demonstrations and/or explanations regarding the use of the supplies, especially for male and female condoms, dental dams and bleach kits.

4. Education on HIV and Hepatitis A- C prevention, safer sex, and safer injection techniques should be provided at each encounter. A participant should be encouraged to participate in individually and group delivered behavioral interventions and skills building activities. Although enrollees are offered services in addition to needle exchange, they are under no obligation to participate in them.

5. New enrollees are instructed to return all used syringes at the next visit to the DC NEX program.

6. Instructions for safe disposal of syringes should be provided to all participants especially those who indicate they may not be able to return syringes because of special circumstances (such as increase scrutiny by law enforcement, homelessness, and/or residence has small children, etc.)

7. Enrollees should be educated about improper disposal of syringes and encouraged to discontinue those practices. Inappropriate syringe disposal may include: disposal on the street or other public venues where the participant used the syringe; disposal of individual or many used syringes in household or other trash without a sealed and labeled puncture resistant container; in the toilet.

8. Many substance users think that syringes are discarded safely if the needle is broken off and thrown in the garbage separate from the barrel of the syringe. It is important to educate participants that throwing needles that are separated from the syringe barrel in the trash exposes municipal workers (sanitation) to needle stick injury. If DC NEX participants are in the habit of discarding syringes in this manner, they should be encouraged to remove the plunger from the barrel of the used syringe, place the needle in the barrel and replace the plunger. This will reduce the threat of needle stick injury to others.

C. Subsequent Encounters

1. At subsequent encounters, the number of syringes exchanged is one-for-one.

2. Participants are instructed to return all used syringes when going to the DC NEX program.

D. NEX Unique Needle/Syringe Markings

1. Needles/syringes distributed by HAA directed and approved needle exchange programs must carry unique identifying marks that distinguish them from sterile syringes originating from other sources. DC NEX stickers are provided by HAA for this purpose.

6. PROVIDING HIV PREVENTION EDUCATION

Policy: Program staff/peers/volunteers should provide all syringe exchange participants with HIV and Hepatitis A-C prevention education, and information/demonstration/skills building on safer sex and safer injection practices. Such information should be provided through both direct verbal exchange and through distribution of culturally-sensitive and appropriate printed materials.

Procedures: The agency should adhere to the DOH/HAA and/or Centers for Disease Control and Prevention's policies regarding materials development and distribution.

A. Materials Review Process

1. The organization will submit all materials developed for outreach and prevention education to the HAA Prevention and Intervention Services Unit Materials Review Committee for approval.

7. REFERRING PARTICIPANTS TO OTHER SERVICES

Policy: The DC NEX program should develop appropriate referral linkages with other agencies/entities to ensure that participants are provided with other services needed to improve health outcomes.

Procedure: Agency staff should develop referral linkage agreements with providers of health, supportive services and substance use treatment to the capacity to refer DC NEX participants to the services they need.

A. Developing Referral Linkages. All authorized needle exchange programs should maintain referral relationships with other service providers including, but not limited to: HIV counseling and testing services; HIV and Hepatitis A-C general primary health care facilities; family planning, prenatal and obstetrical care; substance use treatment; tuberculosis screening and treatment, screening and treatment for sexually transmitted infections and substance use related medical issues; case management and support services for HIV-infected individuals, and mental health services.

B. Formalizing Referral Linkages. Each program should secure written agreements with service providers to accept referrals from the needle exchange program.

C. Recording Referrals. Referrals given to needle exchange participants must be recorded by the program, including the date of the referral and the type of service to which the referral is made. Monthly and quarterly summaries of all referrals must be reported to the HAA. Referrals may be made but participants do not have to accept or follow through on any referral(s) as a condition for DC NEX participation though it is expected that NEX staff will encourage them to do so.

D. Tracking Referrals. Programs should whenever possible track referrals by encouraging participants to self-report the outcome of the referral. Whenever possible, program staff should follow-up on referrals and document outcomes.

8. DISPOSAL OF USED NEEDLES AND SYRINGES

Policy: Collection, management and disposal of needles and syringes by NEX's shall follow strict guidelines for safety required by the District of Columbia Department of Health.

Procedure: All used syringes and needles will be disposed of using the following protocol:

1. All DC NEX programs shall make a formal arrangement with an appropriate hazardous waste collection site, which may include a doctor's office, a hospital, medical clinic, or a medical waste facility.

2. All needles and syringes shall be kept and transported in puncture proof "sharps" containers designed specifically for this purpose.

3. DC NEX programs shall create and follow a schedule for disposal of used injection equipment that reflects the number of needles and syringes returned by program participants to insure that storage of used syringes does not pose a threat to the safety of program staff.

9. DATA COLLECTION AND PROGRAM REPORTING

Policy: All services provided by the DC NEX programs must be reported to DOH through methods established by HAA.

Procedure: DC NEX programs will provide monthly, quarterly, and annual reports to HAA regarding NEX activities.

A. Incident Reports. Incidents involving the needle exchange program, including community objection to the program, law enforcement episodes, needle stick injuries, violence at the program site, theft of supplies, or potential legal action against the program must be documented and reported to HAA within twenty-four hours of occurrence.

B. Monthly and Quarterly Reports. The NEX program must submit monthly and quarterly reports of activities to HAA no later than 10 days after the end of each month and calendar year quarter. Monthly and quarterly reports shall be in a format provided by the HAA and shall include but not be limited to:

1. Number of enrolled participants;

2. Aggregate information on the characteristics of program participants (gender, age, race/ethnicity, etc.);

3. Number of syringes collected from participants, including the average number furnished per participant per transaction;

4. Number of syringes furnished to participants including the average number collected per participant per transaction;

5. Number and types of services directly provided or provided by referral to participants, not limited to referrals for HIV counseling and testing and/or health care services: including evaluation and treatment for HIV infection, Hepatitis A-C, sexually transmitted infections, tuberculosis; family planning; obstetrical and prenatal care; supportive services; and substance use treatment services and;

6. Any significant problems encountered and program milestones achieved.

A. Annual Report. The NEX Program must submit an annual report of activities, summarizing the information provided on a quarterly basis. The report should compare projected number of services to actual number of services provided and the percentage of service goals reached. Annual reports shall be in a format prescribed by the HAA and shall contain an evaluation of the organization's progress in attaining the program's goals. The annual report must be submitted to HAA as requested by HAA.

Appendices

Appendices

A. COPY OF THE DISTRICT OF COLUMBIA CODE REGARDING THE CONDUCTING OF NEEDLE EXCHANGE PROGRAMS.

CHAPTER 11. DRUG PARAPHERNALIA.SUBCHAPTER I. GENERAL.

§ 48-1103.01. Needle Exchange Program

(a) The Mayor is authorized to establish within the Department of Human Services a Needle Exchange Program ("Program"), which may provide clean hypodermic needles and syringes to injecting drug users. Counseling on substance abuse addiction and information on appropriate referrals to drug treatment programs shall be made available to each person to whom a hypodermic needle and syringe is provided. Counseling and information on the Human Immunodeficiency Virus ("HIV") and appropriate referrals for HIV testing and services shall be made available to each person to whom a hypodermic needle and syringe is provided.

(b) The Program authorized by subsection (a) of this section shall be administered by the Commission on Public Health in the Department of Human Services. Only qualified medical officers, registered nurses, counselors, community based organizations, or other qualified individuals specifically designated by the Commissioner of Public Health shall be authorized to exchange hypodermic needles and syringes under the provisions of subsections (c) through (i) of this section.

(c) The Commissioner of Public Health shall provide all persons participating in the Program authorized by subsection (a) of this section with a written statement of the person's participation in the Program, signed by the Commissioner of Public Health, or the Commissioner's designee. No person participating in the Program shall be required to carry such a statement.

(d) Notwithstanding the provisions of § 48-1103 or § 48-904.10, it shall not be unlawful for any person who is participating in the Program authorized by subsection (a) of this section to possess, or for any person authorized by subsection (b) of this section, to deliver any hypodermic syringe or needle distributed as part of the Program.

(e) The District of Columbia, its officers, or employees shall not be liable for any injury or damage resulting from use of, or contact with, any needle exchanged as part of the Program authorized by subsection (a) of this section. (e-1) A community based organization or other qualified

individuals designated by the Commissioner of Public Health under subsection (b) of this section shall not be liable for any injury or damage resulting from the use of, or contact with, any needle exchanged as part of the Program authorized by subsection (a) of this section, unless such injury or damage is a direct result of the gross negligence or intentional misconduct of such community based organization or other qualified individuals.

(f) All needles and syringes distributed by the Commission of Public Health as part of the Program shall be made identifiable through the use of permanent markings, or color coding, or any other method determined by the Commissioner to be effective in identifying the needles and syringes.

(g) The Mayor shall issue an annual evaluation report on the Program. The report shall address the following components:
(1) Number of Program participants served daily;
(2) Demographics of Program participants, including age, sex, ethnicity, address or neighborhood of residence, education, and occupation;
(3) Impact of Program on behaviors which put the individual at risk for HIV transmission;
(4) Number of materials distributed, including needles, bleach kits, alcohol swabs, and educational materials;
(5) Impact of Program on incidence of HIV infection in the District. In determining this, the Mayor shall take into account the following factors: (A) Annual HIV infection rates among injecting drug users entering drug treatment programs in the District; (B) Estimates of the HIV infection rate among injecting drug users in the District at the start of the Program year as compared to the rate at the end of the third Program year; (C) The annual number of HIV-positive mothers giving birth in the District; (D) Annual estimates of the HIV infection rate among newborns; and (6) Costs of the Program versus direct and indirect costs of HIV infection and Acquired Immunodeficiency Syndrome ("AIDS") in the District.

(h) Data on Program participants shall be obtained through interviews. The interviews shall be used to obtain the following information:
(1) Reasons for participating in Program;
(2) Drug use history, including type of drug used, frequency of use, method of ingestion, length of time drugs used, and frequency of needle sharing;
(3) Sexual behavior and history, including the participant's self-described sexual identity, number of sexual partners in the past 30 days or 6 months, number of sexual partners who were also intravenous drug users, frequency of condom use, and number of times sex was used in exchange for money or drugs; (4) Health assessment, including whether the participant has been tested for HIV infection and whether the results where negative or positive; and (5) Impact of Program on the participant's

behavior and attitudes, including any increase or decrease in drug use or needle sharing, changes in high-risk sexual behaviors, or willingness to follow through with drug treatments. (i) The Mayor shall explore the feasibility of establishing a system to test used needles and syringes received by the Commission of Public Health for HIV antibody contamination. The Mayor shall prepare a feasibility report on needle and syringe testing and shall submit this report to the Council for review no later than 120 days after June 30, 1992. If the report finds that needles and syringe testing would be beneficial and feasible to implement, such a system shall be incorporated into the Program.

§ 48-1104. Property subject to forfeiture

The following shall be subject to forfeiture immediately, and no property right shall exist in them after a final conviction by a court:

(1) All books, records, and research, including formulas, microfilm, tapes, and data which are used, or intended for use, in violation of this chapter;
(2) All money or currency which shall be found in close proximity to drug paraphernalia or which otherwise has been used or intended for use in connection with the manufacture, distribution, delivery, sale, use, dispensing, or possession of drug paraphernalia in violation of § 48-1103; and;
(3) All drug paraphernalia as defined in §§ 48-1101 and 48-1102 and prohibited in § 48-
1103.

SUBCHAPTER II. PROHIBITION ON DISTRIBUTION OF NEEDLES AND SYRINGES NEAR SCHOOLS

§ 48-1121. Distribution of needle or syringe near schools prohibited

(a) (1) Effective 120 days after November 22, 2000, it shall be unlawful for any person to distribute any needle or syringe for the hypodermic injection of any illegal drug in any area of the District of Columbia which is within 1,000 feet of a public or private elementary or secondary school (including a public charter school).
(2) It is stipulated that based on a survey by the Metropolitan Police Department of the District of Columbia that sites at 4th Street Northeast and Rhode Island Avenue Northeast, Southern Avenue Southeast and Central Avenue Southeast, 1st Street Southeast and M Street Southeast, 21st Street Northeast and H Street Northeast, Minnesota Avenue Northeast and Clay Place Northeast, and 15th Street Southeast and Ives Street Southeast are outside the 1,000-foot perimeter. Sites at North Capitol Street and New York Avenue Northeast, Division Avenue Northeast and Foote Street Northeast, Georgia Avenue Northwest and New Hampshire

Avenue Northwest, and 15th Street Northeast and A Street Northeast are found to be within the 1,000-foot perimeter.
(b) The Public Housing Police of the District of Columbia Housing Authority shall prepare a monthly report on activity involving illegal drugs at or near any public housing site where a needle exchange program is conducted, and shall submit such reports to the Executive Director of the District of Columbia Housing Authority, who shall submit them to the Committees on Appropriations of the House of Representatives and Senate. The Executive Director shall ascertain any concerns of the residents of any public housing site about any needle exchange program conducted on or near the site, and this information shall be included in these reports. The District of Columbia Government shall take appropriate action to require relocation of any such program if so recommended by the police or by a significant number of residents of such site.

B. SOME IMPORTANT DEFINITIONS

Harm Reduction

Harm reduction is a public health philosophy that is the foundation for a number of progressive approaches that are designed to reduce the harms associated with potentially dangerous lifestyle choices. Harm Reduction can be defined as any practice that reduces the risk of injury even though the person in question is unable to abstain from unsafe behaviors that are the basis for likely damaging outcomes. Harm Reduction differs from other more traditional models of behavior modification in that it does not require individuals to completely eliminate their primary coping mechanism until less harmful coping mechanisms are recognized as within reach, applicable and sustainable into the foreseeable future.

Needle Exchange Program (NEX)

Needle exchange programs are a form of Harm Reduction used to reduce the risks associated with the sharing of injection equipment and thereby reducing the transmission of blood borne diseases such as HIV. Injectors frequently report sharing syringes because of difficulties in obtaining them. This is especially true where laws prohibit syringe possession, or where syringes are unavailable when needed. Harm Reduction proponents working at needle exchange programs recognize that many IDUs are unable or unwilling to stop injecting, and that an intervention is necessary to reduce the risk of HIV infection.

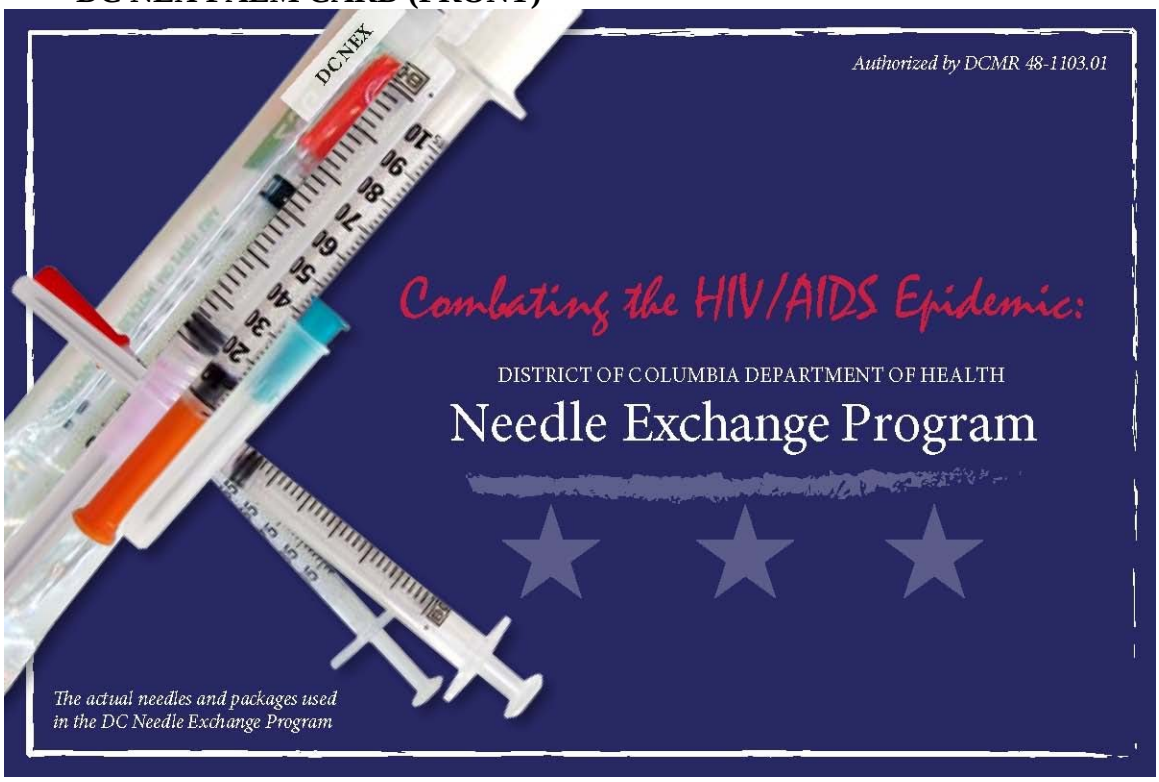
There are understandable concerns within many communities that needle exchange programs will encourage existing drug use and facilitate the recruitment of new drug users. As with methadone maintenance however, there is no evidence of increased drug use in any of the communities where syringe exchanges are operating. Estimates from around the world suggest that new recruits are not attracted into drug use by needle exchange programs.

Motivational Interviewing

Motivational interviewing recognizes and accepts the fact that clients who need to make changes in their lives approach counseling at different levels of readiness to change their behavior. If the counseling is mandated, they may never have thought of changing the behavior in question. Some may have thought about it but not taken steps to change it. Others, especially those voluntarily seeking counseling, may be actively trying to change their behavior and may have been doing so unsuccessfully for years.

Motivational interviewing is non-judgmental, non-confrontational and non-adversarial. The approach attempts to increase clients' awareness of the potential problems caused, consequences experienced, and risks faced as a result of the behavior in question. Motivational Interviewing seeks to help clients think differently about their behavior and ultimately to consider what might be gained through change.

DC NEX PALM CARD (FRONT)



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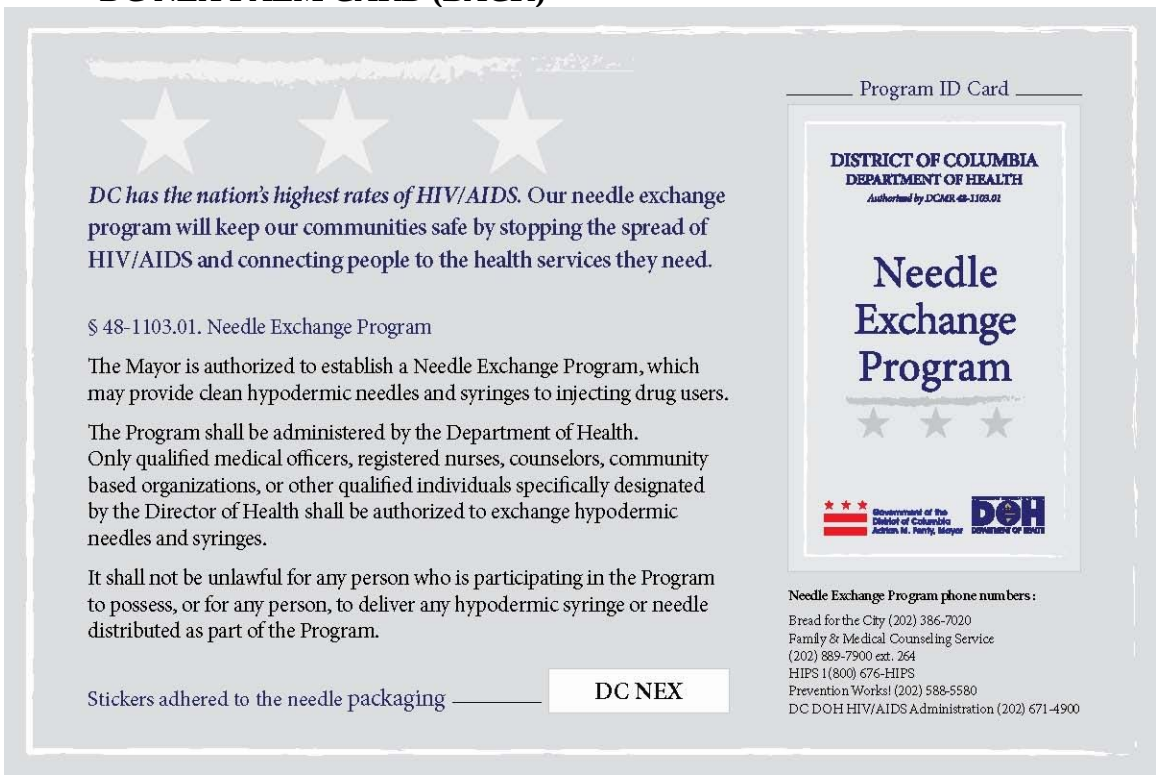

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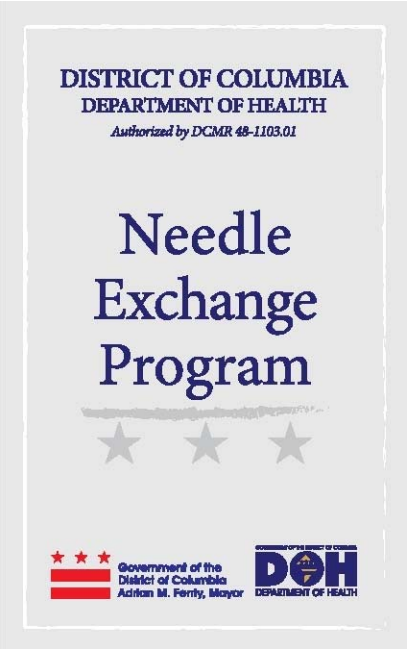

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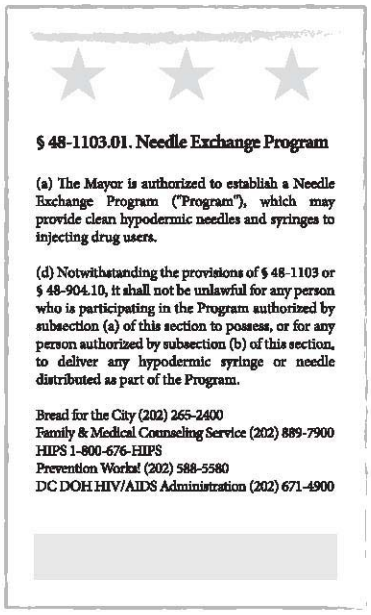

§ 48-1103.01. Needle Exchange Program

(a) The Mayor is authorized to establish a Needle Exchange Program ("Program"), which may provide clean hypodermic needles and syringes to injecting drug users.

(d) Notwithstanding the provisions of § 48-1103 or § 48-904.10, it shall not be unlawful for any person who is participating in the Program authorized by subsection (a) of this section to possess, or for any person authorized by subsection (b) of this section, to deliver any hypodermic syringe or needle distributed as part of the Program.

Bread for the City (202) 265-2400
Family & Medical Counseling Service (202) 889-7900
HIPS 1-800-676-HIPS
Prevention Works! (202) 588-5580
DC DOH HIV/AIDS Administration (202) 671-4900

DC NEX STICKER

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