Building Community Engagement for Syringe Access Programs

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11.29.16

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Funded by Centers for Disease Control and Prevention

Poll Question: What type of organization do you work for?





Housekeeping

Have questions during the webinar?

Type them in the chat box!

Did you have a chance to complete the HPAT?

- If not, please do so via link in chat box!
- If yes, great! Sit back and enjoy the webinar!

<u>Please be sure to complete the evaluation at the end of the webinar! We love all</u> feedback.

Follow along and engage on social media! @getSFcba #SyringeServices





Our New CBA Website Launches Today! www.getSFcba.org

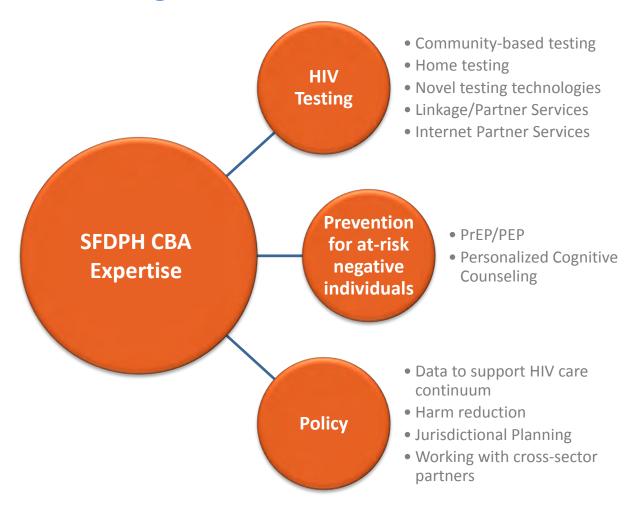
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Building Community Engagement for Syringe Access Programs



Community Health Equity & Promotion Branch

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Presented by: **Eileen Loughran**

Jose Luis Guzman

Terry Morris

Coby Austin





Learning Objectives

By the end of this webinar, participants will be able to:

- Develop collaborative relationships with unlikely prevention partners
- Negotiate priorities based on community input, and input from community leaders
- Address community issues of in a way that is timely, appropriate and collaborative
- Identify systems to normalize communication and collaboration with non-traditional partners





Presentation Overview

- SFDPH is responsible for managing syringe access and disposal for San Francisco as an effective HIV/Hepatitis C intervention for people who inject drugs (PWID)
- Research demonstrates that syringe access programs are the most effective, evidence-based HIV prevention tool for people who use drugs
- Syringe access and disposal programs in San Francisco are governed by State law
- Community engagement and collaboration is a priority for SFDPH.





SF Syringe History

- April 24, 1980: The first case of AIDS in SF and the US
- We learned HIV was transmitted via blood and sex
- 1988: Illegal "Needle Exchange" run by volunteers
- 1992: Mayor Frank Jordan declares State of Emergency
- 1993: Formally sanctioned in SF
- 2010: Syringe Police Bulletin signed



What We Know

- Estimated 22,500 PWID in San Francisco⁺
- Highest rate of liver cancer in the nation
- 6,866 homeless

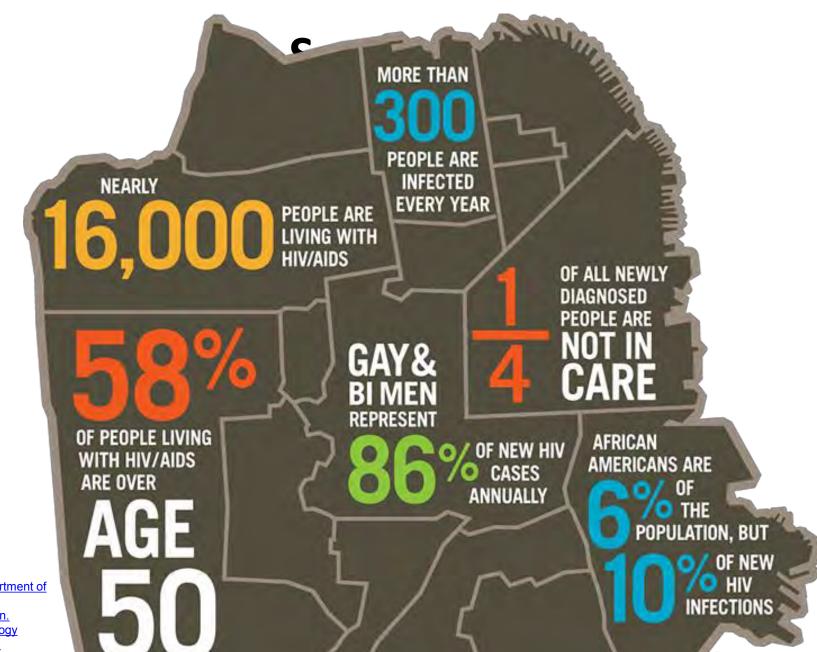


+Chen, Y.H., McFarland, W. Raymond, H.F. (2015). Estimated number of people who inject drugs in San Francisco, 2005-2012. *AIDS and Behavior*. Accepted.

^Homeless Point-in Time Count and Survey. Accessed at http://sfgov.org/lhcb/sites/default/files/2015%20San%20Francisco%20Homeless%20Count%20%20Report_0.pdf.







San Francisco Department of Public Health, HIV Epidemiology Section. HIV/AIDS Epidemiology Annual Report 2014.

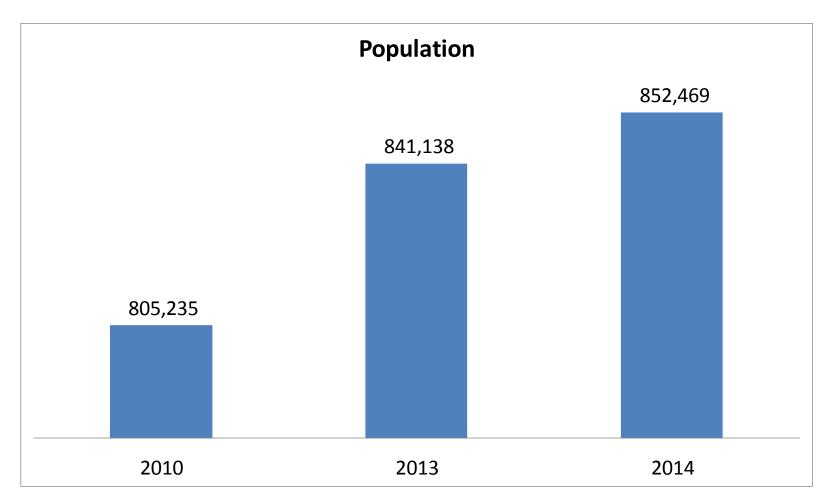
Changing City







SF Population Change







Changing Neighborhoods

- 1980 - Today









Skyrocketing Housing Costs



- \$1845 studio (tenderloin)
- \$2295 studio (tenderloin)
- \$2980 1br
- (western addition)





Commercial Rents

 Many of San Francisco's nonprofits also grapple with how to stay in this increasingly expensive city.



Who's Getting Left Behind







SF City Dynamics are Changing

- Tensions have arisen in some neighborhoods where expensive housing is located near homeless encampments or services for marginalized populations
- Changes are resulting in increased complaints about discarded syringes
- We recognized need to be proactive to respond to this change.





Best Practice: Multiple Access Points, Multiple Disposal Options

Access

- 18 community sites (general IDU population and subpopulationfocused)
- Pharmacies



Disposal

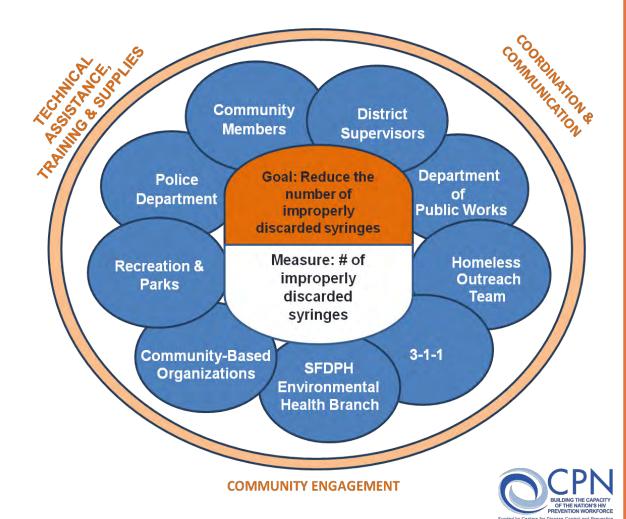
- Community sites
- Pharmacies
- Community Sharps Disposal Kiosks
- Citywide Hotline (311)
- Residential biohazard pickup





Collective Impact Approach

Collective impact brings people together, in a structured way, to achieve social change.





Community-Based Organization

- Provide sweeps in the community
- Respond to requests for "emergency" syringe clean-up
- Provides syringe access & disposal services
- Provide trainings to the community
- Partner with DPH Community Liaison to address community concerns
- Participate in quarterly disposal efforts meeting







24-Hour Syringe Disposal Locations

- Next to GLIDE, 330Ellis St. @ Taylor St.
- 149 Turk Street
- 150 Golden Gate Avenue
- Leavenworth between

 McAllister & Golden Gate Ave
- 133 Golden Gate (St. Boniface)
- 45 Jones Street

76 Ivy St., near
 Please Touch
 Garden

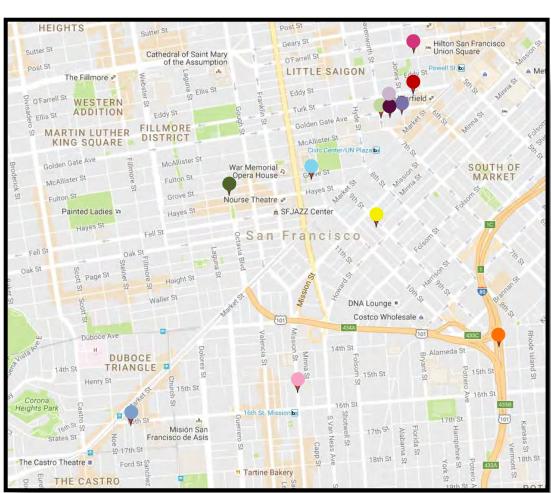
Outside 50 Ivy St. near Tom
 Waddell Clinic

150 9th Street(Conard House)

On Alameda between
 San Bruno and Vermont

- Pond Street(Eureka Valley Library parking lot)
- 1950 Mission Street
 (The Navigation Center)





Recreations & Parks



- Provide syringe clean-up in SF parks
- Inform DPH of Hot spots and/or trends in discarded syringes
- Partner with one of our funded providers to coordinate efforts around syringe clean-up and disposal





District Supervisors

- Work with Supervisor's legislative aids to coordinate efforts for syringe access and disposal in their district
- Work with Supervisor's to garner community group support
- Work in collaboration with Supervisor to address community concerns in the district

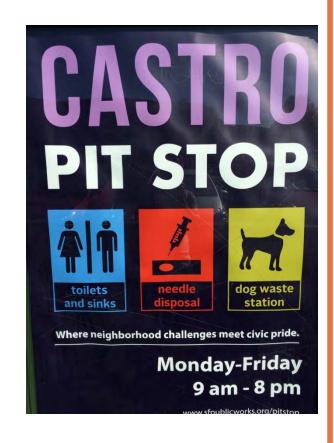






Department of Public Works

- Informs DPH about Hot spots
- Provides clean up services
- Partners with DPH to strategize on comprehensive plan to address improperly discarded syringes
- DPW Community Liaison partners with DPH community liaison at community meetings
- Participates in quarterly "disposal efforts" meeting







3-1-1



- The San Francisco 311 Customer Service is the official site for reporting problems or submitting service requests to the City and County of San Francisco
- Dispatches Department of Public Works (DPW) to clean up discarded syringes
- Provides data reports to CHEP Community Liaison on a quarterly basis





SF Homeless Outreach Team (HOT)

- Provides bio-bins and fit-packs at encampments
- Provides education about syringe disposal
- Informs DPH Community Liaison of encampment hot spots

HOT team staff partner with DPH community liaison at

community meetings





Police Liaison

- CHEP is the lead liaison with the SFPD.
- CHEP Community Liaison partners with service providers to attend district police meetings.
- If difficulties arise between police and service providers, it is essential that they be resolved as quickly as possible. The Syringe Access site managers notifies the CHEP Community Liaison immediately if any problems with community members or SFPD.



SIPD

DEPARTMENT BULLETIN

A 15-006 01/06/15

Hypodermic Syringe Access and Disposal Programs

The San Francisco Department of Public Health (SFDPH) continues to fund Syringe Access and Disposal Programs. There are several programs that operate services throughout the city. Included in this bulletin is a list of programs, locations and schedules.

Members should be aware that the syringe program is a place where injection drug users bring their used syringes and access sterile equipment. Many injection drug users cannot visit a site themselves and instead have a friend or partner access services for them. This individual may be carrying multiple syringes to or from a site as they are accessing services for multiple persons.

Members should use discretion when they encounter possible syringe program participants and are advised that the intent of the Department is not to interfere with the program.

Members shall not confiscate syringes, alcohol wipes, naloxone, biohazard waste containers, or other sterile injection equipment, at or near access and disposal sites.

When in doubt, members should ask a supervisor to respond to the scene to ensure the policy is followed.

In 1993, San Francisco began funding syringe access after a local state of emergency was declared because of the HIV epidemic. SFDPH funds organizations to provide access to syringes, alcohol wipes, biohazard waste containers, as well as other sterile injection equipment to reduce the transmission of bloodborne viruses such as HIV and Hepatitis C. In addition, because overdose is the leading cause of death among injection drug users, SFDPH supports overdose prevention by providing take-home prescriptions of naloxone.

On January 1, 2006, Governor Schwarzenegger signed Assembly Bill (AB) 136. The bill amends previous legislation to allow counties and cities to authorize syringe programs in their jurisdictions without the necessity to declare a state of local emergency.

Beginning January 1, 2015, licensed pharmacists have the discretion to sell hypodermic needles and syringes to adults age 18 and older without a prescription to reduce the spread of HIV_hepatitis C and other blood-borne diseases. There is no longer any limit on the number of needles and syringes that an adult may purchase and possess. These changes to California law were made by Assembly Bill 1743 (Ting, Chapter 331, Statutes of 2014).

California code specifies that pharmacists, physicians and syringe exchange programs are all authorized sources for nonprescription syringes for disease prevention purposes.

Each syringe program site coordinator has an identification card readily available to present to any police officer. These identification cards are printed on bright yellow paper with red lettering.

Please direct questions about the programs to Eileen Loughran, Community Liaison, Community Health Equity & Promotion Branch, San Francisco Department of Public Health at (415) 437-6218. Each program supported by the SFDPH will have a copy of this bulletin.

GREGORY P. SUHR Chief of Police

Police Academy







SF Police Department Collaborations

- Partners with DPH to address concerns about discarded syringes
- Partners with DPH to provide roll-call trainings
- Partners with DPH to provide presentations or updates at community meetings
- Partners with DPH to strategize on comprehensive plan to address improperly discarded syringes







Working With Law Enforcement



CENTER FOR LEARNING & INNOVATION

- San Francisco Police Department Academy training video
 - CHEP worked with SFPD's medical director, Police Academy videographer to develop a 7 minute video which covers:
 - Safer pat-down procedures
 - The Departmental Bulletin and what it means for officers
 - Syringes, other safer injection supplies & naloxone



Video

We will be editing the video down for time.

http://youtu.be/ OKVz6k6RgQ





Syringe Access and Disposal Programs Policies and Guidelines







San Francisco Department of Public Health Community Programs AIDS Office HIV Prevention Section





Community Education

- Meeting the community groups where they are at to bridge the differing opinions
- Providing basic background information about why needle exchange is an important and effective service.
 - □ Evidence based HIV Prevention intervention
 - □Cost-Effectiveness
 - □Complexities of Drug User Health Needs





Community Building

- Partnering with "unlikely" or nonconventional partners can strengthen a prevention program.
- Develops multiple levels of support
- Can be applied in any jurisdiction or with any program







Challenges and Lessons Learned

- Time intensive
- Changing political environment
- Turnover at Police department/city agencies/etc
- Stretches the parameters of HIV prevention work
- Bridge all communities and opinions
- Identifying appropriate staff
- Need to be creative





Successes

- Strengthened collaboration with SFPD
- Placement of syringe disposal boxes
- Gained buy-in from community members previously opposed to syringe access programs
- Stronger relationship with syringe programs
- Closer collaboration with other governmental departments
- Partnering with the SFPD to have syringe disposal supplies in all squad cars
- Invigorated Drug User Health Initiative into our work





Building and Maintaining Good Relationships with Neighbors

A perspective from a CBO







San Francisco AIDS Foundation Syringe Access Services

The program began in San Francisco in 1988 when a group of people recognized they needed to do something to stop the spread of HIV among injection drug users. Acting against the law, they created Prevention Point—an all-volunteer, street-based operation.

The program provided clean syringes in exchange for dirty ones, as well as other safer injection supplies such as bleach, cotton, and alcohol wipes. It also offered condoms and referrals to drug treatment programs and social services.





In March of 1992, under the leadership of then-Mayor Frank Jordan, the City of San Francisco declared a public health emergency and committed \$138,000 to Prevention Point. It was a bold statement from the city's top elected official and became the first step toward the creation of a comprehensive harm-reduction program that included needle exchange and other prevention tools.

In 2011 SAS began to collaborate with other CBO's to provide syringe services in different areas of the city and with different communities.

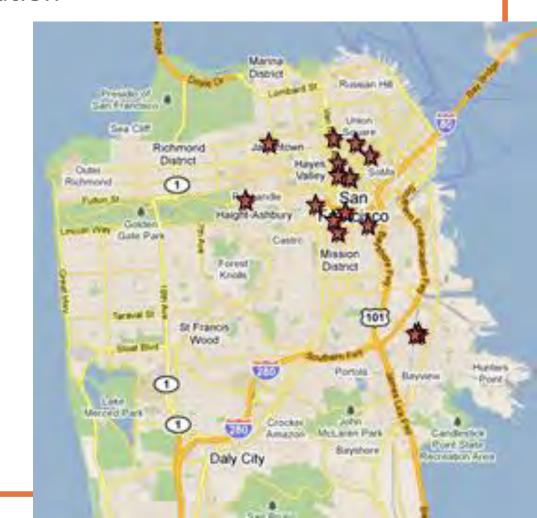






Syringe Access Collaborative

- San Francisco AIDS Foundation
- Glide Foundation
- St. James Infirmary
- SF Drug Users Union
- Homeless Youth Alliance















- There were 68,741 contacts in 2015
- They hire staff from the communities they serve
- 27 sites each week
- 73.5 hours of access





Training Staff and Volunteers

- Set the stage for mutual understanding
- Hear the concerns of neighbors
- Be open to listening and building a relationship with the neighbor
- Build support for harm reduction programming in the communities your programs serve
- Building rapport









Tips for Hearing Upset Neighbors

- Just like relationships with participants, they are built over time
- Be aware of your body language, facial expressions, tone of voice, breathing, and the pace and volume of your speech
- Assess whether this interaction is about listening only or if there is an opportunity to provide information or set the stage for future interactions around their concerns
- Acknowledge their legitimate (and shared) concerns about disposal



De-Escalation

Developing staff and volunteer capacity to successfully deescalate situations so that sites are safe and don't negatively impact the neighborhood and participants have successful visits to the site. Avoid having situations escalate and have to call the police and/or paramedics.





De-Escalation Best Practices

DO'S

- Aftercare: check in with volunteers, participants, and co-workers.
- Pass the situation off to a co-worker if you know you don't have the tools in your toolbox that day to keep your cool and help the participant.
- Use non-violent communication, I statements.
- If you know the person's name, use it

DON'TS

- Adding another person into the mix, crowding the escalated person, surrounding the escalated person isn't the best.
- Don't jump in on your co-worker's interaction unless they give you an indication that they want you to.





Long-Term Community Building

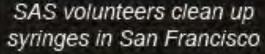
- Engage with people in the neighborhoods you do services in. Be open to learning from them about the community, how the community wraps it's head around and defines "the problem" and what the community sees as solutions.
- Be proactive about addressing problems. Do community cleanups.
- In collaboration with your local health department, attend neighborhood association meetings, community safety meetings, merchant association meetings.





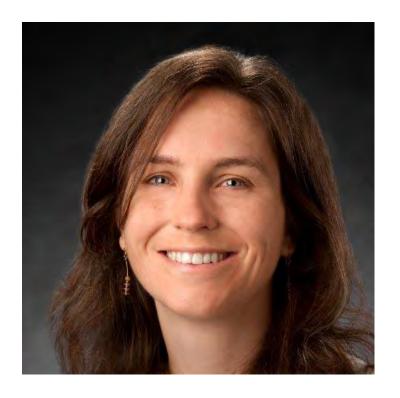














Improving health. Inspiring change.

Coby Austin, MPH
Director of Programs and Policy

In partnership with: North Carolina Harm Reduction Coalition



Thank You



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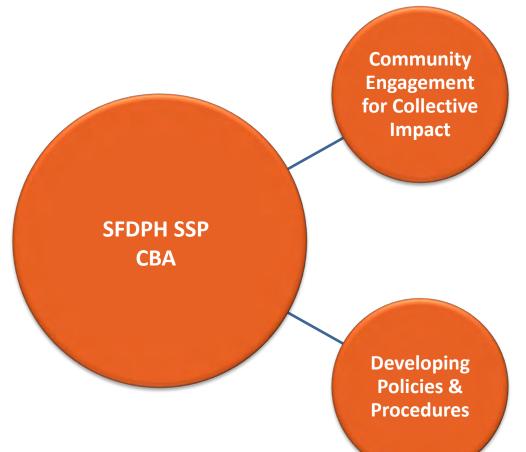


Panel Q&A





SFDPH Syringe Services Programs CBA



- Partnering with local law enforcement
- Developing collaborations with a range of stakeholders
- Working with neighborhood associations

- Setting up policies and guidelines
- Policies for starting community-based programs
- Developing community engagement plan





Join us for Office Hours!

- 30 min calls with Jose Luis or Eileen Loughran
- December 13, 2016
- 10 am 1 pm PST

https://syringeserviceqa.eventbrite.com



