The Reentry Education Project (REP) is an NYC Health Department funded initiative to help medical providers deliver better HIV prevention, treatment and care to formerly incarcerated persons.

The problem: HIV rates in NYC jails are three to four times higher than in the City's general population. Upon release, those with HIV/AIDS frequently return to impoverished communities in which addiction and poor health is prevalent. Those who have been incarcerated often encounter a variety of barriers when seeking medical services.

Our vision: The Fortune Society is one of NYC's largest providers of re-entry services. It was awarded a NYC Health Department grant (2013-2016) to help medical personnel integrate culturally competent best practices into the HIV prevention, treatment and care they deliver to Harlem, South Bronx, South Jamaica and East NY residents who have been incarcerated.

Our objectives: The Re-entry Education Project seeks to:
1) increase the number of formerly incarcerated people who know their HIV status, and
2) increase retention in care and viral suppression of ex-inmates with HIV/AIDS thereby reducing new transmissions.

Learn more today at www.fortunesociety.org.
Dear Colleagues,

The Fortune Society’s Reentry Education Project (REP) appreciates the opportunity to collaborate with you. REP’s goal is to help medical providers integrate culturally competent best practices into the HIV prevention, treatment and care they deliver to patients who have been incarcerated. Guided by input from medical experts, those affected by crime and incarceration, and public health literature, we are pleased to share resources with providers who serve formerly incarcerated persons in New York City.

Currently, prisons are New York State’s largest provider of HIV health services. Criminal justice system involvement, injecting drug use and HIV infection are highly correlated. This first set of materials focuses on reducing HIV transmission among injecting drug users (IDUs) using harm reduction strategies.

Medical providers can help reduce HIV transmission and improve the health outcomes of those they serve by adopting these key practices:
1. Increase knowledge of NYC laws and practices related to syringe access and possession.
2. Support harm reduction, an evidence-based approach to reduce the negative health, social and economic consequences associated with drug use.
3. Take positive actions to communicate openly with drug using patients, facilitate their access to sterile injecting equipment and provide referrals to drug treatment programs (including those that offer methadone and buprenorphine).

The World Health Organization (WHO), The Centers for Disease Control and Prevention, the New York State Health Department and countless other health authorities have endorsed syringe exchange programs and expanded syringe access as an effective way to limit the spread of HIV/AIDS among injection drug users.

In 2000, New York State amended its public health law to allow for expanded syringe access and end criminal prosecution of people possessing syringes. The law also allows providers to prescribe syringes to people who are using injection drugs.

Providing access to clean syringes is part of a fundamental harm reduction strategy. Every patient who has a history of substance use and/or has recently exited prison or jail should be informed about ways to reduce drug related harm and HIV transmission, including methadone and buprenorphine.

How can adopting harm reduction improve your medical practice and help safeguard your patient’s health? “Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.
**Harm reduction** incorporates a spectrum of strategies--from safer use, to managed use, to abstinence--to meet drug users ‘where they’re at,’ addressing conditions of use along with the use itself.

The following principles are central to **harm reduction** practice:

- Accepts, for better and or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn drug users.
- Understands that drug use encompasses a continuum of behaviors from severe abuse to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others.
- Establishes quality of individual and community life and well-being--not necessarily cessation of all drug use--as the criteria for successful interventions and policies.
- Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs in order to assist them in reducing attendant harm.
- Ensures that drug users and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.
- Affirms drugs users as the primary agents of reducing the harms of their drug use and empowers users to share information and support each other in strategies which meet their actual conditions of use.
- Recognizes that inequalities like poverty, class, racism, social isolation, past trauma and sex based discrimination affect people’s vulnerability to and capacity for dealing with drug-related harm.
- Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.\(^3\)

We recommend displaying the enclosed poster in your office to help counter stigma against drug users and assist patients to divulge their substance use and HIV risk behaviors.

Please share information about syringe exchange sites and assist drug using patients to access sterile injection equipment and drug treatment, including methadone and buprenorphine.

We hope you will learn more about **harm reduction** and integrate these important strategies into your medical practice. Thank you for your partnership in providing care to formally incarcerated persons.

Sincerely,

Glenn E. Martin  
Vice President of Public Affairs, The Fortune Society

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Reducing Injection Drug-Related Harm: Sterile Syringes

The Risk

of HIV transmission is substantially increased when injection drug users (IDUs) share syringes and/or injection paraphernalia. According to the New York City Department of Health and Hygiene, approximately 100 - 200,000 IDUs live in NYC – the largest concentration of IDUs in the United States.

Upon release from jail or prison, people living with HIV who have substance use disorders experience drug relapse at a rate of 85% unless they are engaged in treatment.

Syringe Exchange Programs:
A proven public health tool for HIV prevention

Encompassing the distribution of sterile syringes and other injection equipment, Syringe Exchange Programs (SEPs) were established in NYC in the early 1990s as a way to prevent HIV transmission.

In 2004, the World Health Organization reviewed more than 200 published studies of Syringe Exchange Programs and concluded the data presents a “compelling case that...SEPs substantially and cost effectively reduce the spread of HIV among injection drug users and do so without evidence of exacerbating injection drug use at either individual or societal levels.”

In a 2009 study among people in US prison, 25% reported injecting drugs and half of those reported sharing needles.

In 2002, 39.8% of AIDS cases in New York State were related to injection drug use. HIV rates among women in NY State prisons are estimated to be six times higher than rates among women in the general population.

Currently, African-Americans and Latinos account for nearly 90% of new HIV diagnoses among IDUs in NYC.

Between 1990 and 2001, HIV prevalence among IDUs dropped from 54% to 13%.

Despite this evidence base, considerable gaps in syringe access persist across the City, especially in communities of color and among criminal justice system involved individuals. Both NYC and NY State Departments of Health recommend increasing access to sterile syringes through expanding syringe exchange and harm reduction programs.

Globally, the UN has found that the “sharing of used syringes is the primary reason for the spread of HIV in prison settings.”

In NYC, the expansion of syringe exchange programs in the 1990s was associated with dramatic declines in HIV infection rates.
**Syringe Exchange Programs**

**effectively reduce drug related harm:**

- They **DO NOT** lead to increased drug use, encourage drug users to start injecting, nor result in greater crime. **12**
- They **DO** reduce blood-borne diseases, improve access to detoxification services, drug treatment and methadone maintenance, and save lives. **13**

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** References:**


11. Id.


The United States has the highest incarceration rate of any industrialized country, with more than 13 million adult admissions to jails annually. Those in prisons and jails are often medically and socially vulnerable individuals, mostly from impoverished neighborhoods, many of whom have mental illnesses, substance use disorders or HIV/AIDS.

Medical care is the single most highly grieved issue by people who are in a NY prison.

“One in six Americans living with HIV spends at least part of the year in a correctional facility.”

The NY State Department of Corrections System (DOCCS) is the epicenter of HIV within the U.S. prison system. DOCCS houses 20% of all HIV-positive people in state prisons in New York.

The United States has the highest incarceration rate of any industrialized country, with more than 13 million adult admissions to jails annually. Those in prisons and jails are often medically and socially vulnerable individuals, mostly from impoverished neighborhoods, many of whom have mental illnesses, substance use disorders or HIV/AIDS.

In the 69 prisons run by DOCCS there are an estimated 4,000 incarcerated people living with HIV. Because of this, DOCCS is the largest provider of HIV health services in New York. People in NYS prisons often have a difficult time getting quality medical care.

People who have been incarcerated in NYC jails are often stigmatized as criminals. However, 80% are detainees awaiting trial who have not been convicted of a crime. The average length of imprisonment in a NYC jail is 50 days.²

There is a strong correlation between neighborhoods which have a high percentage of people recently released from NYC jails and neighborhoods with high rates of new HIV diagnoses.⁹

**Impoverishment, medical vulnerability and interaction with the criminal justice system create a significant risk for contracting HIV.**¹⁰

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6. Id.
8. NYC Department of Corrections, New York City Independent Budget Office (2012)
OVERVIEW

- HIV prevention—avoiding infection in the first place—is still the surest way to fight AIDS. And for those living with HIV/AIDS, avoiding re-exposure to the virus is critical.
- Many of those involved with the criminal justice system have been/currently are injecting drug users (IDUs).
- Medical providers can help reduce HIV transmission and improve the health outcomes of injecting drug users via harm reduction strategies. This includes helping patients reduce drug related harms with access to sterile syringes and/or replacement therapy (methadone and buprenorphine treatment).

KEY MESSAGE 1: Medical providers can increase their knowledge of NYC laws and practices related to syringe access and possession.

A) The legal status of syringe distribution and possession in NYC:

- Medical providers can write prescriptions for syringes on behalf of IDUs if they believe there is a medical necessity.
- Medical providers can give IDUs syringes if providers join the Expanded Syringe Access Program (ESAP) through the NYS Department of Health.
- In NYC, there are 14 community-based syringe exchange programs (SEPs) that provide clean syringes and a range of social services to IDUs. SEPs issue membership cards to users which should be shown in case of a police stop.
- Anyone over the age of 18 can purchase up to 10 syringes at a pharmacy without a prescription.
- Possession of multiple syringes is legal if they come from a SEP, pharmacy, health care facility or practitioner.
- An arrest should not be made for drug residue in a used syringe. It is, however, illegal to carry other drug paraphernalia.

B) Evidence based findings about SEPs:

- SEPs do reduce blood-borne diseases, improve access to detoxification, drug treatment and methadone maintenance and save lives.
- SEPs do not lead to increased drug use, encourage drug users to start injecting, or result in greater crime.
- SEPs do not increase syringes being discarded in public places.
- SEPs do not increase needle sticks to police or public health workers.
**KEY MESSAGE 2:** Medical providers can support harm reduction, an evidence-based approach to reduce the negative health, social and economic consequences associated with drug use.

**Harm Reduction is:**

A) Pragmatic

Harm reduction accepts for better or worse that licit and illicit drug use is part of our world and attempts to minimize its harmful effects rather than ignore or condemn users.

B) Non-judgmental, non-punitive & non-coercive

The role of a medical provider is to remain available to assist people whenever they are ready or interested in receiving help. Drug use is a process and behavior change can be very difficult.

C) Not hinged on abstinence

Harm reduction establishes quality of individual and community life and well-being—not necessarily cessation of all drug use— as the criteria for successful interventions and policies.

D) Low-threshold services

“Low-threshold” refers to services that minimize barriers, conditions and restrictions for participation. Providers can attract more people to care if it is easier to access services.

E) User-driven

Harm reduction affirms that drug users (themselves) are the primary agents of reducing the harms of their drug use, and seeks to empower users to share information and support each other in strategies which meet their actual conditions of use.

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**KEY MESSAGE 3:** Medical Providers can take positive actions to communicate openly with drug using patients, facilitate their access to sterile injecting equipment and provide referrals to drug treatment programs (including those that offer methadone and buprenorphine).

- Give IDU patients information about syringe exchange sites or write a prescription for patients to get syringes.
- Apply to distribute syringes as part of ESAP.
- Offer patients a “Know Your Rights” card that informs them about legal issues related to syringe possession, including what to do if stopped by the police.
- Display a “USER FRIENDLY” poster in your office to promote open communication with patients about drug use.
- Refer patients to a range of drug treatment options that meet their needs, including 12-step and day treatment programs.
# NYC-Authorized Syringe Exchange Programs

<table>
<thead>
<tr>
<th>PROGRAM NAME</th>
<th>EXCHANGE SITES</th>
<th>DAY(S)</th>
<th>HOURS</th>
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<tbody>
<tr>
<td><strong>Queens</strong></td>
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</table>
| AIDS Center of Queens County (ACQC)  
Contact: Erika Vasquez  
(917) 670-5687 |  
147-23 Archer Avenue (Auto shop parking lot)  
(Jamaica)  
42 Road between 27th & Crescent Sts (Long Island City)  
Beach 21st (South of Mott Avenue (Far Rockaway)  
62-07 Woodside Avenue (Woodside) | Mon & Thurs | 11:00-3:00PM |
| **The Bronx** |                |        |       |
| St. Ann’s Corner of Harm Reduction  
Contact: Bart Majoor  
(718) 585-5544 |  
886 Westchester Avenue, Ground Floor  
139th Street and St. Ann’s Avenue  
148th Street and Bergen Avenue | Mon, Tues, Wed,  
Fri  
Thurs  
Tues  
Fri | 9:00-5:00PM  
9:00-6:00PM  
10:00-2:00PM  
3:30-6:30PM  
11:30-2:30PM |
| **Manhattan** |                |        |       |
| Lower East Side Harm Reduction Center  
Contact: Dore Mann  
(212) 226-6333  
“Walkabout” winter hours are in effect 11/16-3/15 and summer hours are in effect 3/16-11/15 |  
25 Allen Street (Between Hester and Canal Street)  
Roving teams in the general areas of 14th Street to the North, Canal Street to the South, Second Avenue/Chrystie Street to the West and the FDR Drive to the East  
Washington Sts (Btwn Gansevoort & W. 13th Sts) | Mon- Fri  
Mon & Fri  
Wed  
Thurs (Winter)  
Thurs (Summer)  
Sat  
Fri (Winter)  
Fri (Summer) | 10:00-8:00PM  
10:00-5:00PM  
5:00-8:00PM  
11:00-1:00PM  
7:00-10:00PM  
10:00PM- Midnight  
11:00-2:00PM  
6:00-9:00PM  
7:00-11:00PM |
| Safe Horizon/Streetwork Project*  
Contact: John Welch  
(646) 602-6404  
*For clients up to age 24 only |  
33 Essex Street | Mon, Tues, Thurs,  
Fri | 2:00-7:00PM |
| Washington Heights CORNER Project  
Contact: Taeko Frost  
(212) 923-7600 |  
566 West 181st Street, 2nd Fl (Washington Heights)  
Walkabout- From 137th Street to 145th Street Between Riverside and Amsterdam Avenues  
Walkabout- From 142nd Street to 151st Street Between Broadway and St. Nicholas Avenue | Mon, Wed, Thurs,  
Fri  
Tues  
Wed  
Fri | 10:00-5:00PM  
10:00-7:00PM  
3:00-5:00PM  
7:00-9:00PM |
| Positive Health Project  
Contact: Max Sepulveda  
(212) 465-8304 |  
301 West 37th Street, 2nd Floor  
Transgender Clients Only | Wed  
Thurs | 5:00-7:00PM  
5:00-7:00PM |
### Brooklyn

<table>
<thead>
<tr>
<th><strong>Family Services Network of New York</strong></th>
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<tbody>
<tr>
<td><strong>Contact:</strong> Leslie Bobb</td>
</tr>
<tr>
<td><strong>(718) 455-8396 / (718) 573-3358</strong></td>
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<thead>
<tr>
<th><strong>Address</strong></th>
<th><strong>Operating Hours</strong></th>
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<tbody>
<tr>
<td>1766 Broadway (Bushwick)</td>
<td>Mon, Tue, Fri-Thurs 12:00-4:00PM, Mon, Tue, Thurs, Fri 10:00-6:00PM, Wed 8:00-4:00PM</td>
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<tr>
<td>406 Mother Gaston Boulevard (East New York)</td>
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### Multi Borough

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<thead>
<tr>
<th><strong>CitiWide Harm Reduction Program</strong></th>
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<tbody>
<tr>
<td><strong>Contact:</strong> Ed Manchess</td>
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<tr>
<td><strong>(718) 292-7718</strong></td>
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<tr>
<th><strong>Address</strong></th>
<th><strong>Operating Hours</strong></th>
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<tbody>
<tr>
<td>226 East 144th Street (Storefront) (Bronx)</td>
<td>Mon-Fri 9:00-7:30PM</td>
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<tr>
<td>150th Street and Morris Avenue (Bronx)</td>
<td>Sat &amp; Sun 10:00-6:00PM</td>
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<tr>
<td>Prospect Avenue and 160th Street (Bronx)</td>
<td>Wed 10:00-2:30PM</td>
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<tr>
<td>161st Street and Morris Avenue (Bronx)</td>
<td>Thurs 1:00-3:30PM</td>
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<tr>
<td>Riverside Hotel: 312 West 109th Street</td>
<td>Fri 9:00-11:30AM</td>
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<tr>
<td>Marion Hotel: 2612 Broadway</td>
<td>Tues 4:00-5:00PM</td>
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**Hotel Residents Only**

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<th><strong>FROSTD</strong></th>
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<tr>
<td><strong>Contact:</strong> Karen Lerman</td>
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<tr>
<td><strong>(212) 924-3733 x277</strong></td>
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<tr>
<th><strong>Address</strong></th>
<th><strong>Operating Hours</strong></th>
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<tr>
<td>West 22nd Street &amp; Surf Avenue (Coney Island)</td>
<td>Mon &amp; Thurs 10:30-3:00PM</td>
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<tr>
<td>Brighton 4th Street &amp; Bridgwater Court (Brighton Beach)</td>
<td>Tues 10:30-3:00PM</td>
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<tr>
<td>123rd Street &amp; Park Avenue (Manhattan)</td>
<td>Tues 10:00-3:30PM</td>
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<tr>
<td>Classon Ave (btwn Putnam Ave &amp; Fulton St) (Bed-Stuyvesant)</td>
<td>Thurs 10:30-3:30PM</td>
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<tr>
<td>Third Ave btw E. Tremont &amp; Cross Bx Expwy (Bronx)</td>
<td>Fri 8:00-3:00PM</td>
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<tr>
<td>South Fifth Street &amp; Marcy Avenue (Williamsburg)</td>
<td>Sat 12:00-4:30PM</td>
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### Housing Works

| **Contact:** Linney C. Smith |
| **(347) 473-7404** |

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<tr>
<th><strong>Address</strong></th>
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<tbody>
<tr>
<td>130 Crosby Street (Manhattan)</td>
<td>Mon-Fri 10:00-6:00PM</td>
</tr>
<tr>
<td>2640 Pitkin Avenue (Adult Day Hlth Care Prgm) (Brooklyn)</td>
<td>Mon-Sat 10:00-3:00PM</td>
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<tr>
<td>743 East 9th Street (Adult Day Hlth Care Prgm) (Manhattan)</td>
<td>Mon-Sat 10:00-3:00PM</td>
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<tr>
<td>320 West 13th Street (Manhattan)</td>
<td>Mon-Fri 9:00-5:00PM</td>
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**ALL SITES FOR HOUSING WORK'S CLIENTS ONLY**

### New York Harm Reduction Educators

| **Contact:** Edwin Santiago |
| **(718) 842-6050** |

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<tr>
<th><strong>Address</strong></th>
<th><strong>Operating Hours</strong></th>
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<tbody>
<tr>
<td>Corner of 110th Street &amp; Park Ave (Manhattan)</td>
<td>Tues 10:00-2:00PM</td>
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<tr>
<td>East Tremont &amp; Arthur Avenue (Bronx)</td>
<td>Tues 4:00-7:00PM</td>
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<tr>
<td>109th Street (btwn Lexington &amp; Third Ave) (East Harlem)</td>
<td>Wed 10:00-2:00PM</td>
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<tr>
<td>Garrison Street (Between Irvine &amp; Hunts Point) (Bronx)</td>
<td>Wed 9:30-11:30PM</td>
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<tr>
<td>Jerome Ave &amp; Clinton Place (S.W. corner) (Bronx)</td>
<td>Fri 5:00-7:00PM</td>
</tr>
<tr>
<td>126th Street (Between 2nd &amp; 3rd Ave) (Manhattan)</td>
<td>Thurs 3:00-8:00PM</td>
</tr>
<tr>
<td>Corner of Ward &amp; Watson Ave (Soundview) (Bronx)</td>
<td>Fri 3:00-7:00PM</td>
</tr>
<tr>
<td>148th Street &amp; Bergen Ave (Bronx)</td>
<td>Sat 9:00-1:00PM</td>
</tr>
<tr>
<td>All Sites for Housing Work's Clients Only</td>
<td>Wed 1:30-4:30PM</td>
</tr>
<tr>
<td></td>
<td>Thurs 10:00-2:00PM</td>
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For more information, please contact the NYSDOH/AIDS Institute – Harm Reduction Unit: (212) 417-4770.
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The Fortune Society’s Reentry Education Project is Funded by the New York City Department of Health and Mental Health. The Fortune Society’s mission is to support successful reentry from prison and promote Alternatives to Incarceration, thus strengthening the fabric of our communities. Learn more today by visiting [www.fortunesociety.org](http://www.fortunesociety.org).