BODY POSITIVE SYRINGE SERVICES

Building Affirming programs for transgender & Gender Non-conforming participants
WHAT IS THIS WEBINAR

THIS IS

A short discussion of what it takes to build a program that comprehensively CENTERS Transgender & Gender Non-Conforming People of Color in Syringe Access Programming

THIS IS NOT

• All you need to know
• Hormones 101
• A Safer Injection training
• Syringe Exchange 101
WHO IS AT CENTER OF YOUR CURRENT WORK?
People of Color, Fat bodies, Queer and Trans Bodies, Gender Non-Conforming People, People with Disabilities and People in the Sex Trade are centered in programming, leadership, decision making, staffing and play a concrete visible role throughout the Syringe Service Program.
WHAT ARE THE VALUES? GENDER AFFIRMING

A validating and positive holistic space where Transgender and Gender Non Conforming People can see themselves lovingly reflected in the program services and program community. Gender affiriming language and practice is recognized as a continuous learning experience for all involved in the program from participants to director.
Every human being, including people under 18 years old, has the right to self-determine the size, shape, use, purpose and health of their own bodies.
TRAUMA INFORMED

- Trauma Informed Services are NOT specifically designed to treat symptoms or syndromes related to sexual or physical abuse or other trauma, but they are informed about sensitivity to trauma-related issues present in survivors.
- Grounded in and guided by the knowledge and impact of how trauma affects lives and the physical body.
HISTORY OF TGNC SYRINGE EXCHANGE

First Federally funded HIV prevention project serving Transgender Sex Workers in 1995 at Positive Health Project in New York City

- Open Trans & GNC only drop in support group
- Syringe Exchange was part of the meeting
- 5 staff (1 red carpet, 2 facilitator for the meeting, 1 operating the exchange, 2 case mgrs. avail)
- Group requested a presentation by a doctor and the whole community showed up
- Doc prescribing hormones began in 1997

Chloe Dzibilo & Kelly McGowan 1995

Kelly & Chloe taught me that support and advocacy are interwoven.

Kiera St. James, ED of NYTAG
• All staff—from reception to janitor to payroll—must be trained in these values and practices
• PRONOUNS and MISGENDERING
• Know your rights trainings for all staff and participants (related to criminal legal system, police and health care)
HOW DO WE PRACTICE THESE VALUES IN OUR PROGRAMS?

- Staffed and lead by Trans People and Gender Non Conforming People and People of Color
- ONLY space (takes time to build this)
- All Syringe Service Participants have individual and group access to education about Transphobia & Body Positive Philosophy whenever possible
HOW DO WE PRACTICE THESE VALUES IN OUR PROGRAMS?

• FEEDBACK—including grievances—conflict is a resource
• Gift cards are not meaningful employment opportunities □
• Use gender neutral language on forms and in conversation as rule—not an exception.
HOW DO WE PRACTICE THESE VALUES IN OUR PROGRAMS?

• Promote Syringe Access along with other Trans affirming and Gender affirming services, meetings, hang-outs etc.
• What does a harm reduction bathroom look like?
• Staff is educated on Hormone use (continuing ed.)
HOW IS THIS KIND OF PROGRAMMING DIFFERENT?

- Cannot measure based on volume of syringes out—must have community based reasons for people to remain connected to the services in an ongoing way
- Qualitative Evaluation vs Quantitative
HOW IS THIS KIND OF PROGRAMMING DIFFERENT?

- Shift who is holding the power particularly during the hours of Trans Only Services
- Paper Work & Shifts your tracking
HOW IS THIS KIND OF PROGRAMMING DIFFERENT?

- Many unknowns about the impact of hormones and other drugs of choice
- Volume Out is not a success measurement
- Negative HIV/HCV status is not a measurement (although it should be a critical component of the work)
HOW IS THIS KIND OF PROGRAMMING DIFFERENT?

• Risk for incarceration– also has implications for programs that build with Police & for overdose prevention
• Death & Murder
• Overdose prevention teaching is NOT the same
The trouble with “elective” language

For some people passing can be an issue of life or death, particularly for TWOC

We see a massive reduction of harm around mental health issues when TGNC people have access to trans-affirming medical care, particularly hormones
  - Anxiety
  - Depression
  - PTSD

TGNC people’s attempted suicide rates are around 40%, as compared to 3-7% in the general population
  - WE CAN ONLY SERVE OUR CLIENTS IF THEY’RE ALIVE
UNDERSTANDING HORMONE INJECTION & USE

- Street Based Hormones vs Prescribed by a doctor
- Needle gauge is not the same as for Steroids and Naloxone (will share a list later in this presentation)
- Hormone use is intimate
- Self Injection vs Friend Injection (shot clinics)
- Hormone Overdose Prevention is different
# Needles + Syringes Guide for Hormone Injection

<table>
<thead>
<tr>
<th>Needle Size</th>
<th>Capacity</th>
<th>Use</th>
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<tbody>
<tr>
<td><strong>18G 1.5” Detachable Needle Syringe</strong></td>
<td>1ML</td>
<td>Draw: for more specific dosages (ex. .3 or .75)</td>
</tr>
<tr>
<td><strong>20G 1” Detachable Needle Syringe</strong></td>
<td>1ML</td>
<td>Draw: for more specific dosages (ex. .3 or .75)</td>
</tr>
<tr>
<td><strong>18G 1.5” Detachable Needle Syringe</strong></td>
<td>3ML</td>
<td>Draw: for easier dosages (ex. 1cc or .5cc)</td>
</tr>
<tr>
<td><strong>20G 1” Detachable Needle Syringe</strong></td>
<td>3ML</td>
<td>Draw: for easier dosages (ex. 1cc or .5cc)</td>
</tr>
<tr>
<td><strong>30G .5” Disposable Needle</strong></td>
<td>N/A</td>
<td>Injection: Short, thin needle, good for SUBQ injection. Shoot into fat</td>
</tr>
<tr>
<td><strong>22G 1.5” Disposable Needle</strong></td>
<td>N/A</td>
<td>Injection: Longer, medium gauge needle, good for IM injection for thicker ppl and/or possibly folks with silicone. Shoot into muscle</td>
</tr>
<tr>
<td><strong>22G 1” Disposable Needle</strong></td>
<td>N/A</td>
<td>Injection: Medium length, medium gauge needle, good for IM injection. Shoot into muscle</td>
</tr>
<tr>
<td><strong>25G 1” Disposable Needle</strong></td>
<td>N/A</td>
<td>Injection: Medium length, thinner gauge needle, good for IM injection. Shoot into muscle</td>
</tr>
<tr>
<td><strong>Sharps Container</strong></td>
<td>1.5Qt</td>
<td>Disposal: Put all used syringes and needles into container to be thrown away safely.</td>
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SILICONE: NO SHAME!

- Pumping Parties
- Harm Reduction
- Shifts IDU Overdose Techniques
ASSESSMENT: HOW WILL WE KNOW WE ARE ON THE RIGHT TRACK?

• Trans People and Gender Non Conforming people coming in to access community— not only syringes.
• Participatory Evaluation
ASSESSMENT: HOW WILL WE KNOW WE ARE ON THE RIGHT TRACK?

- Participants develop accountability guidelines & lead/play a role in programming in the programs whenever possible

- Trans and Gender Non Conforming people have meaningful staff/volunteer positions of power in the Syringe Service
More people are linked/enrolled in HIV Care and linked to gender affirming services
• More people linked to HCV treatment and testing
• More people connected to quality general health services including housing and primary care
EVALUATION- MEASURING SUCCESS OVER TIME

• More people showing up to your exchange for resources and needs that are not connected to exchange
• Long term relationships
• Interrupted Isolation (isolation leads to death)
EVALUATION- MEASURING SUCCESS OVER TIME

• Participants integrate harm reduction ideology into daily life (YWEP Evaluation)
• Participants regard the your Syringe Access program as a place where body positive gender affirming services are available and of high quality
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<th>DO’S</th>
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<td>Create a tone or vibe that feels reflective of the community</td>
<td>Assume that TGNC people are not coming to your program because there is not need</td>
</tr>
<tr>
<td>Create a spirit of fluidity around gender, names and presentation</td>
<td>Ignore the importance of the details—(ex: forms are important)</td>
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<td>Create a space where we are teachers and learners</td>
<td>Assume that because some people are comfortable in your space that all people are comfortable in your space</td>
</tr>
<tr>
<td>Peers programming is everything</td>
<td>Ignore checking people when there is misgendering or transphobia occurring</td>
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<tr>
<td>Hire TGNC people in positions of power</td>
<td>Have security or plain clothed officers in your program</td>
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<tr>
<td>Offer more (way more) than just Syringes—this program should be a community builder</td>
<td>Ignore community building and the role of trauma</td>
</tr>
<tr>
<td>Create new evaluation measures, forms and messaging, rules for participation that is created by (or at least with) community.</td>
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MESSAGING

A TALE OF TWO SYRINGE SERVICE PROGRAMS
SHINE

A Program of AfterHours

Howard Brown Health

Chicago, Illinois
Safe Harbor Incorporating Needle Exchange
• 1.5 years in the planning, 10 years in the making
• Many staff changes within the organization
• Building a replicable model that could be used across our organization
CONTEXT:

Creating syringe services inside a Federally Qualified Health Center
• Wide range of health services
• Wraparound HIV care services/case management
• Behavioral Health
• TRANS HEALTH by and for TGNC people
The After Hours Model

- Clinic closed to all other clients except TGNC people
- Evening hours
- No appointment necessary
- "No wrong door" for new and existing clients
- Loved ones welcome in waiting room
- TGNC-only space: Clients AND staff included
- Holistic services available
- Dynamic programming
NOW GIRL, WHY REUSE NEEDLES WHEN YOU KNOW YOU CAN GET NEW ONES FOR FREE?

OH, FOR REAL? WHAT'S THE T?

The writing's on the wall! Sharing needles leads to spreading infection. Get the facts and get new FREE needles at howardbrown.org.

FOR US BY US!!!
If you have come here to help me, you are wasting your time. But if you have come because your liberation is bound up with mine, then let us work together. ~Lilla Watson