Increasing Client Engagement in People Who Inject Drugs: Implementing Best-practice for Syringe Service Programs

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PICO Question:

In People who inject drugs (PWID) who participate in syringe exchange, does a needs-based syringe distribution model compared to a strict one-for-one syringe distribution model, affect client engagement in syringe exchange programs?
Background:

- Syringe Exchange Programs (SEPs)
  - 25 years of research evidence support efficacy of SEPs
    - Remains controversial
    - Sparsely implemented

- Cincinnati Exchange Project
  - 2014
    - After 7 years of advocacy

(Clark, 2016)
Background:

- Harm Reduction
  - Reduce the negative effects of drug use
  - Empower individuals to protect themselves
  - Refuse to condemn or ignore drug use in our community

(Clark, 2016)
Barriers to Implementation:

- Key stakeholders not public health experts
- Misconceptions
  - Encouraging drug use
  - Syringe exchange illegal
- Stigma associated with PWID
  - Not in my backyard
Scope of the problem:

- Regional Heroin Epidemic
  - Rise in Injection Drug Use
  - 174 overdoses in 48hr – August 2016
    (Metler, 2016)

- HIV new cases up 40% in Cincinnati
  (DeMio, 2018)

- Hepatitis-C positive cases soar
  - Southwest Ohio 2010-2015 – 89%
    (Woltmann, Burke, Brady, & Blackard, 2016)
Incidence of Hepatitis C by County

Cases per 100,000

2010 2011 2012 2013 2014 2015*

Adams
Brown
Butler
Clermont
Clinton
Greene
Hamilton
Highland
Montgomery
Preble
Warren

(Woltmann, Burke, Brady, & Blackard, 2016)
Evidence:

- High risk injection behavior continues to be one of the primary risk factors for HIV and HCV worldwide.  
  (Sherman et al., 2015)

- Inability to obtain sterile syringes is key risk factor for syringe sharing.  
  (Small, Glickman, Rigter, & Walter, 2010)

- The effectiveness of SEPs in efforts to decrease rates of HIV/HCV is dependent on syringe distribution.  
  (Sherman et al., 2015)
Client engagement:

• Syringe exchange programs can provide health education and support to an often socially isolated population (Maurer, 2016)

• The success of any syringe exchange program rests upon its ability to create, recruit and retain clients

• SSPs should create and maintain a low threshold environment with accessible personnel, where clients feel free of judgment and discrimination (Small et al., 2010)
High Risk Injection Behavior:

- Syringe sharing
- Syringe reuse
- Syringe-mediated drug splitting
- Sharing injection materials (cookers, cottons, water etc.)

(Wagner, Unger, Bluthenthal, Andreeva, & Pentz, 2010)
CDC Best Practice Recommendations for Syringe Service Programs:

Best Practice

- Needs-based syringe distribution
- Low-threshold services
- Promote secondary syringe distribution
- Anonymity of clients
- Minimize administrative burden of participation

Practices to Avoid

- Requiring one-for-one exchange
- Limit the number of syringes per visit
- Requiring identifying documents
- Geographic limits
- Unnecessary data collection

(Centers for Disease Control, 2012)
One-for-One Syringe Distribution Model

Learn about SEP → PWID → Syringe Exchange Program (SEP) → Client leaves without syringe

Interest in self-care → Client receives limited syringes
Impact of One-for-One Syringe Distribution Model on High Risk Injection Behavior
Needs-based Syringe Distribution Model

Learn about SEP

PWID

Interest in self care

Syringe Exchange Program (SEP)

Client receives syringes based on need

Number of syringes is determined by client need.
Impact of Needs-based Syringe Distribution Model on High Risk Injection Behavior

Learn about SEP

PWID

Interest in self-care

Number of syringes is determined by client need.

Syringe Exchange Program (SEP)

Client receives syringes based on need

Likely to return to SEP

Decreased Incidence of High Risk Injection Behavior

Likely to refer peers to SEP

Peer support of health seeking behavior

Increase reach of SEP

Education and Resources

Decreased need for Tertiary Care related to IDU

IDU refers to injection drug use
Figure 2. Illustration of the project as it fits into the conceptual model, The Iowa Model of Evidence-based Practice (Schaffer, Sandau, & Diedrick, 2012).
Project Overview:

• Stakeholder buy-in
  • Resources identified

• Implemented needs-based syringe distribution at one syringe exchange location
  • August-December 2017

• Staff and volunteer education
  • In-person visits
  • Distributed articles

• Measured program utilization post intervention
  • Compared to pre-intervention program utilization
Results:

- Program utilization measures:
  - Syringes exchanged
  - New client enrollment
  - Narcan distribution
  - Use of testing services
Results:

- **Pre-Implementation: July 2017**
  - New client enrolment: 0
  - Narcan distribution: 50
  - Testing: 100
  - Total clients: 250

- **Post-Implementation: December 2017**
  - Total clients: 200
Results:

- Pre-Implementation July 2017
- Post-implementation December 2017
Data analysis:

- Confounding influences
  - Continued increase in heroin use in the community
  - Continued growth of the program “word-of-mouth”
  - Availability of Narcan not consistent
Translating research into practice:

- Implications for practice
  - Needs-based distribution is best-practice
    - Increased client engagement
    - Increased distribution of Narcan to PWUD
  - Restrictive policies are a barrier to care
  - Increased client engagement could be leveraged to increase access to other health services
    - Primary health care
    - Vaccinations
    - Wound care
    - PrEP
Challenges to implementation:

- Misconceptions related to needs-based distribution lead to misguided implementation of restrictive syringe distribution policies.
- Criminalization of drug use provides an excuse for poor public health response.
- Divergent public policies
  - Legal syringe exchange vs. paraphernalia laws
- Organizational changes
  - Leadership
  - Funding
Implications for future work:

- Future work
  - Focus on increasing knowledge among
    - Stakeholders
    - Public
    - Health care professional
  - Examine how we can expand services
- Advocacy
- For inspiration look to global leaders
  - Australia
  - Canada
  - France
Harm reduction saves money

For every $1 spent on harm reducing needle & syringe programs, Australia saves $27

$1 spent on NSPs

$4 saved in health costs

$27 saved in health costs and lost productivity

Australian Department of Public health, 2017


